

South Limestone Hospital District
Sliding Fee Schedule
Effective 1/1/2024

Annual Income Threshold by Sliding Fee Discount Class and Poverty Percent
Based on 2024 Federal Poverty Guidelines

Poverty Level	Annual Income						
	At or Below 100%		134-150%		176-200%		Above 200%
Family Size	A	B	C	D	E	F	
1	\$0 - \$15,060	\$15,061 - \$20,030	\$20,031 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121 - \$30,121	UP
2	\$0 - \$20,440	\$20,441 - \$27,185	\$27,186 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881 - \$40,881	UP
3	\$0 - \$25,820	\$25,821 - \$34,341	\$34,342 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641 - \$51,641	UP
4	\$0 - \$31,200	\$31,201 - \$41,496	\$41,497 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401 - \$62,401	UP
5	\$0 - \$36,580	\$36,581 - \$48,651	\$48,652 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161 - \$73,161	UP
6	\$0 - \$41,960	\$41,961 - \$55,807	\$55,808 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921 - \$83,921	UP
7	\$0 - \$47,340	\$47,341 - \$62,962	\$62,963 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681 - \$94,681	UP
8	\$0 - \$52,720	\$52,721 - \$70,118	\$70,119 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441 - \$105,441	UP

For family units with more than 8 persons, add \$5,380.00 for each additional member

- (A) 100% Discount on all eligible services
 - (B) 90% Discount on all eligible services
 - (C) 80% Discount on all eligible services
 - (D) 70% Discount on all eligible services
 - (E) 60% Discount on all eligible services
 - (F) Private Pay Discount
- (Patients may utilize private pay option)