

South Limestone Hospital District

Sliding Fee Schedule

Effective 1/1/2025

Annual Income Threshold

by Sliding Fee Discount Class and Poverty Percent
Based on 2025 Federal Poverty Guidelines

Poverty Level	At or Below 100%	101-133%	134-150%	151-175%	176-200%	Above 200%
Family Size	A	B	C	D	E	F
1	\$0 - \$15,650	\$15,651 - \$20,815	\$20,816 - \$23,475	\$23,476 - \$27,388	\$27,389 - \$31,300	\$31,301 - UP
2	\$0 - \$21,150	\$21,151 - \$28,130	\$28,131 - \$31,725	\$31,726 - \$37,013	\$37,014 - \$42,300	\$42,301 - UP
3	\$0 - \$26,650	\$26,651 - \$35,445	\$35,446 - \$39,975	\$39,976 - \$46,638	\$46,639 - \$53,300	\$53,301 - UP
4	\$0 - \$32,150	\$32,151 - \$42,760	\$42,761 - \$48,225	\$48,226 - \$56,263	\$56,264 - \$64,300	\$64,301 - UP
5	\$0 - \$37,650	\$37,651 - \$50,075	\$50,076 - \$56,475	\$56,476 - \$65,888	\$65,889 - \$75,300	\$75,301 - UP
6	\$0 - \$43,150	\$43,151 - \$57,390	\$57,391 - \$64,725	\$64,726 - \$75,513	\$75,514 - \$86,300	\$86,301 - UP
7	\$0 - \$48,650	\$48,651 - \$64,705	\$64,706 - \$72,975	\$72,976 - \$85,138	\$85,139 - \$97,300	\$97,301 - UP
8	\$0 - \$54,150	\$54,151 - 72,020	\$72,021 - \$81,225	\$81,226 - \$94,763	\$94,764 - \$108,300	\$108,301 - UP

For family units with more than 8 persons, add \$5500.00 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