Monongahela Valley Association of Health Centers Sliding Fee Scale January 1, 2024

Annual Income

		Range A		Range B		Range C		Range D			
	Federal	100% Discount		75% Discount		50% Discount		25% Discount		NO DISCOUNT	
Family	Poverty	\$15 Nominal Fee Applies 0%- 100%		101%- 150%		151%- 175%		176%- 200%		201% -Over	
Size	Level *										
1	14,580	-	\$ 14,580	14,581 \$	21,870	21,871 \$	25,520	25,521	29,160	29,161	and up
2	19,720	-	19,720	19,721	29,580	29,581	34,510	34,511	39,440	39,441	and up
3	24,860	-	24,860	24,861	37,290	37,291	43,510	43,511	49,720	49,721	and up
4	30,000	-	30,000	30,001	45,000	45,001	52,500	52,501	60,000	60,001	and up
5	35,140	-	35,140	35,141	52,710	52,711	61,500	61,501	70,280	70,281	and up
6	40,280	-	40,280	40,281	60,420	60,421	70,490	70,491	80,560	80,561	and up
7	45,420	-	45,420	45,421	68,130	68,131	79,490	79,491	90,840	90,841	and up
8	50,560	-	50,560	50,561	75,840	75,841	88,480	88,481	101,120	101,121	and up

Add: \$ 5,140 for each additional family member over 8

Monthly Income

		Range A		Range B		Range C		Range D			
Federal		100% Discount		75% Discount		50% Discount		25% Discount		NO DISCOUNT	
Family	Poverty	\$15 Nominal Fee Applies									
Size	Level *	0%- 100%		101%- 150%		151%- 175%		176%- 200%		201% -Over	
1	1,215	-	1,220	1,221	1,820	1,821	2,130	2,131	2,430	2,431	and up
2	1,643	-	1,640	1,641	2,470	2,471	2,880	2,881	3,290	3,291	and up
3	2,072	-	2,070	2,071	3,110	3,111	3,630	3,631	4,140	4,141	and up
4	2,500	-	2,500	2,501	3,750	3,751	4,380	4,381	5,000	5,001	and up
5	2,928	-	2,930	2,931	4,390	4,391	5,130	5,131	5,860	5,861	and up
6	3,357	-	3,360	3,361	5,040	5,041	5,870	5,871	6,710	6,711	and up
7	3,785	-	3,790	3,791	5,680	5,681	6,620	6,621	7,570	7,571	and up
8	4,213	-	4,210	4,211	6,320	6,321	7,370	7,371	8,430	8,431	and up

Add: \$ 430 for each additional family member over 8

Weekly Income

		Range A		Range B		Range C		Range D				
Federal		100% Discount		75% Discount		50% Discount		25% Discount		NO DISCOUNT		
Ī	Family	Poverty	\$15 Nominal Fee Applies									
	Size	Level *	0%- 100%		101%- 150%		151%- 175%		176%- 200%		201% -Over	
	1	280	-	280	281	420	421	490	491	560	561	and up
	2	379	-	380	381	570	571	660	661	760	761	and up
	3	478	-	480	481	720	721	840	841	960	961	and up
	4	577	-	580	581	870	871	1,010	1,011	1,150	1,151	and up
	5	676	-	680	681	1,010	1,011	1,180	1,181	1,350	1,351	and up
	6	775	-	770	771	1,160	1,161	1,360	1,361	1,550	1,551	and up
	7	873	-	870	871	1,310	1,311	1,530	1,531	1,750	1,751	and up
	8	972	-	970	971	1,460	1,461	1,700	1,701	1,940	1,941	and up

Add: \$ 99 for each additional family member over 8

^{* =} Based upon the Federal Poverty Guidelines as published in the Federal Register, January 2024 MVA effective date January 1, 2024