

# NYC Health + Hospitals

## Financial Assistance Sliding Fee Scale Table

Effective 08/23/24

### STEP 1:

Find your household size (please include all adults and children who live with you).

### STEP 2:

Next, find the amount that you get paid in a year in one of the levels.

### STEP 3:

Follow the column down to the bottom chart to find out how much you will be asked to pay according to your household size and income for clinic visits, emergency room visits, and hospital stays.

Federal Poverty Levels	100% FPL		101 - 125% FPL		126 - 150% FPL		151 - 200% FPL		201 - 250% FPL		251 - 300% FPL		301 - 350% FPL		351 - 500% FPL	
Household Size	Less than	More than	Less than	More than	Less than	More than	Less than	More than	Less than	More than	Less than	More than	Less than	More than	Less than	
<b>1</b>	15,060	15,061	18,825	18,826	22,590	22,591	30,120	30,121	37,650	37,651	45,180	45,181	52,710	52,711	75,300	
<b>2</b>	20,440	20,441	25,550	25,551	30,660	30,661	40,880	40,881	51,100	51,101	61,320	61,321	71,540	71,541	102,200	
<b>3</b>	25,820	25,821	32,275	32,276	38,730	38,731	51,640	51,641	64,550	64,551	77,460	77,461	90,370	90,371	129,100	
<b>4</b>	31,200	31,201	39,000	39,001	46,800	46,801	62,400	62,401	78,000	78,001	93,600	93,601	109,200	109,201	156,000	
<b>5</b>	36,580	36,581	45,725	45,726	54,870	54,871	73,160	73,161	91,450	91,451	109,740	109,741	128,030	128,031	182,900	
<b>6</b>	41,960	41,961	52,450	52,451	62,940	62,941	83,920	83,921	104,900	104,901	125,880	125,881	146,860	146,861	209,800	
<b>7</b>	47,340	47,341	59,175	59,176	71,010	71,011	94,680	94,681	118,350	118,351	142,020	142,021	165,690	165,691	236,700	
<b>Clinic Visit for Adult</b>	\$0	\$2	\$3	\$20	\$30	\$40	\$50	\$50								
<b>Clinic Visit for Child or Pregnant Woman</b>	\$0	\$0	\$0	\$20	\$30	\$40	\$50	\$50								
<b>Behavioral Health Clinic Visit</b>	\$0	\$0	\$0	\$15	\$30	\$40	\$50	\$50								
<b>Vaccine-Only Visit</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0								
<b>Emergency Room Visit for Adult</b>	\$0	\$3	\$3	\$75	\$80	\$100	\$120	\$120								
<b>Emergency Room Visit for Child or</b>	\$0	\$0	\$0	\$75	\$80	\$100	\$120	\$120								
<b>Prescription Drugs (fee per prescription)</b>	\$0	\$2	\$2	\$6	\$10	\$14	\$18	\$18								
<b>Ambulatory Surgery or MRI Testing</b>	\$0	\$15	\$25	\$150	\$300	\$450	\$550	\$650								
<b>Inpatient Hospital Stay*</b>	\$0	\$25	\$25	\$150	\$400	\$900	\$1500	\$1500								
<b>Co-pays and Deductibles</b>	\$0	\$0	\$0	\$0	\$10	\$12	\$18	\$22								

Fees for patients with household income that is more than the above will be charged based on the NYC Health + Hospitals Selfpay rate.

2024

\*Additional fees may be charged if savings are more than \$8,000