

## Preventive Services and Program Support

# Optional Co-Pay Table Based on Monthly Federal Poverty Level (FPL)

Effective April 2021

Family Size	Less Than or Equal to 100% of FPL \$0 Co-pay	101% to 133% FPL \$5 Co-pay	134% to 150% FPL \$10 Co-pay	151% to 185% FPL \$15 Co-pay	186% to 200% FPL \$20 Co-pay	201% to 233% \$25 Co-pay	234% to 250% \$30 Co-pay
1	\$0 to \$1,074	\$1,074.01 to \$1,428	\$1,428.01 to \$1,610	\$1,610.01 to \$1,986	\$1,986.01 to \$2,147	\$2,147.01 to \$2501	\$2501.01 to \$2,684
2	\$0 to \$1,452	\$1,452.01 to \$1,931	\$1,931.01 to \$2,178	\$2,178.01 to \$2,686	\$2,686.01 to \$2,904	\$2,904.01 to \$3383	\$3383.01 to \$3,630
3	\$0 to \$1,830	\$1,830.01 to \$2,434	\$2,434.01 to \$2,745	\$2,745.01 to \$3,386	\$3,386.01 to \$3,660	\$3,660.01 to \$4,264	\$4,264.01 to \$4,575
4	\$0 to \$2,209	\$2,209.01 to \$2,938	\$2,938.01 to \$3,313	\$3,313.01 to \$4,086	\$4,086.01 to \$4,417	\$4,417.01 to \$5,146	\$5,146.01 to \$5,521
5	\$0 to \$2,587	\$2,587.01 to \$3,441	\$3,441.01 to \$3,880	\$3,880.01 to \$4,786	\$4,786.01 to \$5,174	\$5,174.01 to \$6,027	\$6,027.01 to \$6,467
6	\$0 to \$2,965	\$2,965.01 to \$3,944	\$3,944.01 to \$4,448	\$4,448.01 to \$5,486	\$5,486.01 to \$5,930	\$5,930.01 to \$6,909	\$6,909.01 to \$7,413
7	\$0 to \$3,344	\$3,344.01 to \$4,447	\$4,447.01 to \$5,015	\$5,015.01 to \$6,186	\$6,186.01 to \$6,687	\$6,687.01 to \$7,790	\$7,790.01 to \$8,359
8	\$0 to \$3,722	\$3,722.01 to \$4,950	\$4,950.01 to \$5,583	\$5,583.01 to \$6,886	\$6,886.01 to \$7,444	\$7,444.01 to \$8,672	\$8,672.01 to \$9,305
9	\$0 to \$4,100	\$4,100.01 to \$5,453	\$5,453.01 to \$6,150	\$6,150.01 to \$7,585	\$7,585.01 to \$8,200	\$8,200.01 to \$9,553	\$9,553.01 to \$10,250
10	\$0 to \$4,479	\$4,479.01 to \$5,957	\$5,957.01 to \$6,718	\$6,718.01 to \$8,285	\$8,285.01 to \$8,957	\$8,957.01 to \$10,435	\$10,435.01 to \$11,196

**Note:** No co-pay may be charged for a household whose income is below 100 percent of the FPL.

If a client self-declares an inability to pay, the contractor must not charge a co-pay; no client may be denied services based on an inability to pay. If a co-pay is charged, it may not exceed \$30 or the cost of the visit or encounter, whichever is less. The FPL is calculated and published each calendar year at [Poverty Guidelines](https://aspe.hhs.gov/poverty-guidelines) (<https://aspe.hhs.gov/poverty-guidelines>).