

CHESTNUT HEALTH SYSTEMS

SLIDING FEE SCALE Effective March 1, 2026

Based on 2026 Federal Poverty Guidelines

PERCENT OF POVERTY GUIDELINES

Family Size	No income	1%-100%	101%-150%	151%-175%	176%-200%	201%-225%	226%-250%	251%-300%	301%-325%	326%-350%	351%-400%
1	\$0	\$15,960	\$23,940	\$27,930	\$31,920	\$35,910	\$39,900	\$47,880	\$51,870	\$55,860	\$63,840
2	\$0	\$21,640	\$32,460	\$37,870	\$43,280	\$48,690	\$54,100	\$64,920	\$70,330	\$75,740	\$86,560
3	\$0	\$27,320	\$40,980	\$47,810	\$54,640	\$61,470	\$68,300	\$81,960	\$88,790	\$95,620	\$109,280
4	\$0	\$33,000	\$49,500	\$57,750	\$66,000	\$74,250	\$82,500	\$99,000	\$107,250	\$115,500	\$132,000
5	\$0	\$38,680	\$58,020	\$67,690	\$77,360	\$87,030	\$96,700	\$116,040	\$125,710	\$135,380	\$154,720
6	\$0	\$44,360	\$66,540	\$77,630	\$88,720	\$99,810	\$110,900	\$133,080	\$144,170	\$155,260	\$177,440
7	\$0	\$50,040	\$75,060	\$87,570	\$100,080	\$112,590	\$125,100	\$150,120	\$162,630	\$175,140	\$200,160
8	\$0	\$55,720	\$83,580	\$97,510	\$111,440	\$125,370	\$139,300	\$167,160	\$181,090	\$195,020	\$222,880

RATE PER DAY

DUI Evaluation Services	\$0.00	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
Clinical Services	\$0.00	\$10.00	\$12.00	\$14.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00	\$50.00
<i>SUPR Waiver Required?</i>	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
SUPR Rate Schedule	00	A1	A2	A3	A4	A5	A6	A7	A8	A9	B1
CFHC	\$0.00	\$10.00	\$12.00	\$14.00	\$15.00	Full Fee					
CFHC Dental	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00	Full Fee					

For family units of more than 8 members, add the following for each additional member:

No income	\$0
1% - 100%	\$5,680
101% - 150%	\$8,520
151% - 175%	\$9,940
176% - 200%	\$11,360