

**Hidalgo County Health and Human Services Department  
Income Guidelines & Schedule of Charges - Sliding Fee Schedule**



**TITLE V & NON - TITLE V CLIENTS**

(Effective September 01, 2020)

	<b>TITLE V ELIGIBLE CLIENTS</b>		<b>NON - TITLE V CLIENTS</b>	
<b>Family Size</b>	<b>0 - 100 %</b>	<b>101 - 185 %</b>	<b>186 - 200 %</b>	<b>201 % &amp; Over</b>
1	\$0.00 - \$1,063.00	\$1,074.00 - \$1,967.00	\$1,977.00 - \$2,126.00	\$2,137.00
2	\$0.00 - \$1,437.00	\$1,451.00 - \$2,658.00	\$2,673.00 - \$2,874.00	\$2,888.00
3	\$0.00 - \$1,810.00	\$1,828.00 - \$3,349.00	\$3,367.00 - \$3,620.00	\$3,638.00
4	\$0.00 - \$2,183.00	\$2,205.00 - \$4,039.00	\$4,060.00 - \$4,366.00	\$4,388.00
5	\$0.00 - \$2,557.00	\$2,583.00 - \$4,730.00	\$4,756.00 - \$5,114.00	\$5,139.00
6	\$0.00 - \$2,930.00	\$2,959.00 - \$5,421.00	\$5,450.00 - \$5,860.00	\$5,889.00
7	\$0.00 - \$3,303.00	\$3,336.00 - \$6,111.00	\$6,144.00 - \$6,606.00	\$6,639.00
8	\$0.00 - \$3,677.00	\$3,714.00 - \$6,802.00	\$6,839.00 - \$7,354.00	\$7,391.00
<b>CHARGE</b>	<b>NO CO-PAY</b>	<b>25%</b>	<b>30%</b>	<b>FULL PAY</b>

Copay will be assessed based on (but not to exceed) allowed percentage of the total visit charge.

\* If income falls between 100% & 101%, round down to 100%

\* If income falls between 185% & 186%, round down to 185%

\* If income falls between 200% & 201%, round down to 200%

DO NOT COLLECT ON ANY PREVIOUS BALANCES FOR ANY PROGRAM.

**Note: For families/households with more than 8 persons, add \$4,480 for each additional person.**

This Schedule shall be used to determine if a client is eligible to pay in accordance with the Eligibility Guidelines; however, services shall not be denied due to inability to pay.

**Revised 09/01/2020**