



Office of Primary and Specialty Health (OPSH)

Optional Co-Pay Table Based on Monthly Federal Poverty Level

FY 2020 Worksheet

Family Size	≤100%FPL	101 - 133% FPL	134 - 150% FPL	151 - 185% FPL	186 - 200% FPL
Co-Pay	\$0 Co-Pay	\$10.00 Co-Pay	\$20.00 Co-Pay	\$25.00 Co-Pay	\$30.00 Co-Pay
1	\$0 – \$1,064.00	\$1,064.01-\$1,415.00	\$1,415.01-\$1,595.00	\$1,595.01-\$1,968.00	\$1,968.01-\$2,127.00
2	\$0 - \$1,437.00	\$1,437.01-\$1,911.00	\$1,911.01-\$2,155.00	\$2,155.01-\$2,658.00	\$2,658.01-\$2,874.00
3	\$0 - \$1,810.00	\$1,810.01-\$2,408.00	\$2,408.01-\$2,715.00	\$2,715.01-\$3,349.00	\$3,349.01-\$3,620.00
4	\$0 - \$2,184.00	\$2,184.01-\$2,904.00	\$2,904.01-\$3,275.00	\$3,275.01-\$4,040.00	\$4,040.01-\$4,367.00
5	\$0 - \$2,557.00	\$2,557.01-\$3,401.00	\$3,401.01-\$3,835.00	\$3,835.01-\$4,730.00	\$4,730.01-\$5,114.00
6	\$0 - \$2,930.00	\$2,930.01-\$3,897.00	\$3,897.01-\$4,395.00	\$4,395.01-\$5,421.00	\$5,421.01-\$5,860.00
7	\$0 - \$3,304.00	\$3,304.01-\$4,394.00	\$4,394.01-\$4,955.00	\$4,955.01-\$6,112.00	\$6,112.01-\$6,607.00
8	\$0 - \$3,677.00	\$3,677.01-\$4,890.00	\$4,890.01-\$5,515.00	\$5,515.01-\$6,802.00	\$6,802.01-\$7,354.00
9	\$0 – \$4,050.00	\$4,050.01-\$5,387.00	\$5,387.01-\$6,075.00	\$6,075.01-\$7,493.00	\$7,493.01-\$8,100.00
10	\$0 - \$4,424.00	\$4,424.01-\$5,884.00	\$5,884.01-\$6,635.00	\$6,635.01-\$8,184.00	\$8,184.01-\$8,847.00

No co-payment can be charged for a household below 100% FPL.

The contractor must waive the fee if a client self-declares an inability to pay. No client shall be denied services based on an inability to pay.

If a co-payment is charged, it may not exceed \$30 or the cost of the visit/encounter, whichever is less.

The Federal Poverty Level (FPL) is calculated and published annually each calendar year <https://aspe.hhs.gov/poverty-guidelines>.