

Office of Primary and Specialty Health
Optional Co-Pay Table Based on Monthly Federal Poverty Level (FPL)
Fiscal Year 2021 Worksheet

Family Size	Less Than or Equal to 100% FPL	101 to 133% FPL	134 to 150% FPL	151 to 185% FPL	186 to 200% FPL
	\$0 Co-pay	\$10 Co-pay	\$20 Co-pay	\$25 Co-pay	\$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	\$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
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
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
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
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
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
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
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
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

Note: No co-pay 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-pay is charged, it may not exceed \$30 or the cost of the visit/encounter, whichever is less. The FPL is calculated and published annually each calendar year at <https://aspe.hhs.gov/poverty-guidelines>.