

Appendix II, Optional Co-Pay Table Based on Monthly Federal Poverty Level (FPL)
 Effective Date 4-14-22

Office of Primary and Specialty Health
Optional Co-Pay Table Based on Monthly Federal Poverty Level (FPL)
Fiscal Year 2022 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 \$1,133	\$1,133.01 to \$1,507	\$1,507.01 to \$1,699	\$1,699.01 to \$2,096	\$2,096.01 to \$2,265
2	\$0 to \$1,526	\$1,526.01 to \$2,030	\$2,030.01 to \$2,289	\$2,289.01 to \$2,823	\$2,823.01 to \$3,052
3	\$0 to \$1,920	\$1,920.01 to \$2,553	\$2,553.01 to \$2,879	\$2,879.01 to \$3,551	\$3,551.01 to \$3,839
4	\$0 to \$2,313	\$2,313.01 to \$3,076	\$3,076.01 to \$3,469	\$3,469.01 to \$4,279	\$4,279.01 to \$4,625
5	\$0 to \$2,706	\$2,706.01 to \$3,599	\$3,599.01 to \$4,059	\$4,059.01 to \$5,006	\$5,006.01 to \$5,412
6	\$0 to \$3,100	\$3,100.01 to \$4,122	\$4,122.01 to \$4,649	\$4,649.01 to \$5,734	\$5,734.01 to \$6,199
7	\$0 to \$3,493	\$3,493.01 to \$4,646	\$4,646.01 to \$5,239	\$5,239.01 to \$6,462	\$6,462.01 to \$6,985
8	\$0 to \$3,886	\$3,886.01 to \$5,169	\$5,169.01 to \$5,829	\$5,829.01 to \$7,189	\$7,189.01 to \$7,772
9	\$0 to \$4,280	\$4,280.01 to \$5,692	\$5,692.01 to \$6,419	\$6,419.01 to \$7,917	\$7,917.01 to \$8,559
10	\$0 to \$4,673	\$4,673.01 to \$6,215	\$6,215.01 to \$7,009	\$7,009.01 to \$8,645	\$8,645.01 to \$9,345

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>.