

2024 Jamestown HealthCARE Medical Sliding Fee Scale

	Poverty Level	0-150%	151-200%	201-250%	251-300%
Family Size	Income Level	100% Discount	75% Discount	50% Discount	25% Discount
1	Annual (up to) Monthly	\$22,590.00 \$1,882.50	\$30,120.00 \$2,510.00	\$37,650.00 \$3,137.50	\$45,180.00 \$3,765.00
2	Annual (up to) Monthly	\$30,660.00 \$2,555.00	\$40,880.00 \$3,406.67	\$51,100.08 \$4,258.34	\$61,320.16 \$5,110.01
3	Annual (up to) Monthly	\$38,730.00 \$3,227.50	\$51,640.00 \$4,303.33	\$64,549.92 \$5,379.16	\$77,459.84 \$6,454.98
4	Annual (up to) Monthly	\$46,800.00 \$3,900.00	\$62,400.00 \$5,200.00	\$78,000.00 \$6,500.00	\$93,600.00 \$7,800.00
5	Annual (up to) Monthly	\$54,870.00 \$4,572.50	\$73,160.00 \$6,096.67	\$91,450.08 \$7,620.84	\$109,740.16 \$9,145.01
6	Annual (up to) Monthly	\$62,940.00 \$5,245.00	\$83,920.00 \$6,993.33	\$104,899.92 \$8,741.66	\$125,879.84 \$10,489.98
7	Annual (up to) Monthly	\$71,010.00 \$5,917.50	\$94,680.00 \$7,890.00	\$118,350.00 \$9,862.50	\$142,020.00 \$11,835.00