



OVP Health Care, Inc. Sliding Fee Discount Schedule 2021

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty

Poverty Level*	At or below 100%	125%	150%	175%	200%	Above 200%
Family Size	Nominal Fee (\$10)	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
1	0-\$12,760	\$12,761-\$15,950	\$15,951-\$19,140	\$19,141-\$22,330	\$22,331-\$25,520	\$25,521+
2	0-\$17,240	\$17,241-\$21,550	\$21,551-\$25,860	\$25,861-\$30,170	\$30,171-\$34,480	\$34,481+
3	0-\$21,720	\$21,721-\$27,150	\$27,151-\$32,580	\$32,581-\$38,010	\$38,011-\$43,440	\$43,441+
4	0-\$26,200	\$26,201-\$32,750	\$32,751-\$39,300	\$39,301-\$45,850	\$45,851-\$52,400	\$52,401+
5	0-\$30,680	\$30,681-\$38,350	\$38,351-\$46,020	\$46,021-\$53,690	\$53,691-\$61,360	\$61,361+
6	0-\$35,160	\$35,161-\$43,950	\$43,951-\$52,740	\$52,741-\$61,530	\$61,531-\$70,320	\$70,321+
7	0-\$39,640	\$39,641-\$49,550	\$49,551-\$59,460	\$59,461-\$69,370	\$69,371-\$79,280	\$79,281+
8	0-\$44,120	\$49,121-\$55,150	\$55,151-\$66,180	\$66,181-\$77,210	\$77,211-\$88,240	\$88,241+
For each additional person, add	\$4,480	\$5,600	\$6,720	\$7,840	\$8,960	\$8,960

\*Based on the 2020 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia.