

**SLIDING FEE SCHEDULE**  
SAVOY MEDICAL CENTER CLINICS

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Nominal fee	\$0.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	no dct.
Family Size												
<b>1</b>	15060	16566	18072	19578	21084	22590	24096	25602	27108	28614	30120	>30120
<b>2</b>	20440	22484	24528	26572	28616	30660	32704	34748	36792	38836	40880	>40880
<b>3</b>	25820	28402	30984	33566	36148	38730	41312	43894	46476	49058	51640	>51640
<b>4</b>	31200	34320	37440	40560	43680	46800	49920	53040	56160	59280	62400	>62400
<b>5</b>	40238	40238	43896	47554	51212	54870	58528	62186	65844	69502	73160	>73160
<b>6</b>	46156	46156	50352	54548	58744	62940	67136	71332	75528	79724	83920	>83920
<b>7</b>	52074	52074	56808	61542	66276	71010	75744	80478	85212	89946	94680	>94680
<b>8</b>	57992	57992	63264	68536	73808	79080	84352	89624	94684	100168	105440	>105440
For each additional person, add	5380	5918	6456	6994	7532	8070	8608	9146	9684	10222	10760	>10760

\*Based on the 2024 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.