

TIOGA MEDICAL CENTER

SLIDING FEE SCHEDULE

2025

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$15,650	\$17,215	\$18,780	\$20,345	\$21,910	\$23,475	\$25,040	\$26,605	\$28,170	\$29,735	\$31,300	\$31,301
2	\$21,150	\$23,265	\$25,380	\$27,495	\$29,610	\$31,725	\$33,840	\$35,955	\$38,070	\$40,185	\$42,300	\$42,301
3	\$26,650	\$29,315	\$31,980	\$34,645	\$37,310	\$39,975	\$42,640	\$45,305	\$47,970	\$50,635	\$53,300	\$53,301
4	\$32,150	\$35,365	\$38,580	\$41,795	\$45,010	\$48,225	\$51,440	\$54,655	\$57,870	\$61,085	\$64,300	\$64,301
5	\$37,650	\$41,415	\$45,180	\$48,945	\$52,710	\$56,475	\$60,240	\$64,005	\$67,770	\$71,535	\$75,300	\$75,301
6	\$43,150	\$47,465	\$51,780	\$56,095	\$60,410	\$64,725	\$69,040	\$73,355	\$77,670	\$81,985	\$86,300	\$86,301
7	\$48,650	\$53,515	\$58,380	\$63,245	\$68,110	\$72,975	\$77,840	\$82,705	\$87,570	\$92,435	\$97,300	\$97,301
8	\$54,150	\$59,565	\$64,980	\$70,395	\$75,810	\$81,225	\$86,640	\$92,055	\$97,470	\$102,885	\$108,300	\$108,301
For each additional person, add	\$5,500	\$6,050	\$6,600	\$7,150	\$7,700	\$8,250	\$8,800	\$9,350	\$9,900	\$10,450	\$11,000	\$11,001

<https://aspe.hhs.gov/poverty-guidelines>