



**2021 Sliding Fee Discount Schedule
Medical & Dental Services**

| Annual Income Thresholds by Percentage of Poverty* | | | | | |
|---|------------------|----------|----------|-----------|----------------|
| Poverty Level | A | B | C | D | E |
| | Nominal Fee \$20 | \$30 | \$40 | \$50 | Full Charge |
| Family Size | ≤100% | 138% | 150% | 200% | >200% |
| 1 | \$16,090 | \$22,204 | \$24,135 | \$32,180 | Over \$32,180 |
| 2 | \$21,770 | \$30,043 | \$32,655 | \$43,540 | Over \$43,540 |
| 3 | \$27,450 | \$37,881 | \$41,175 | \$54,900 | Over \$54,900 |
| 4 | \$33,130 | \$45,719 | \$49,695 | \$66,260 | Over \$66,260 |
| 5 | \$38,810 | \$53,558 | \$58,215 | \$77,620 | Over \$77,620 |
| 6 | \$44,490 | \$61,396 | \$66,735 | \$88,980 | Over \$88,980 |
| 7 | \$50,170 | \$69,235 | \$75,255 | \$100,340 | Over \$100,340 |
| 8 | \$55,850 | \$77,073 | \$83,775 | \$111,700 | Over \$111,700 |
| Add an additional \$5,680 per person | | | | | |

*Based on 2021 HHS Federal Poverty Guidelines for Alaska: <https://aspe.hhs.gov/poverty-guidelines>