



**2022 Sliding Fee Discount Schedule  
Lab Services**

<b>Annual Income Thresholds by Percentage of Poverty*</b>					
Poverty Level	A	B	C	D	E
	Nominal Fee \$5	\$20	\$30	\$40	Full Charge
Family Size	≤100%	138%	150%	200%	>200%
1	\$16,990	\$23,446	\$25,485	\$33,980	Over \$33,980
2	\$22,890	\$31,588	\$34,335	\$45,780	Over \$45,780
3	\$28,790	\$39,730	\$43,185	\$57,580	Over \$57,580
4	\$34,690	\$47,872	\$52,035	\$69,380	Over \$69,380
5	\$40,590	\$56,014	\$60,885	\$81,180	Over \$81,180
6	\$46,490	\$64,156	\$69,735	\$92,980	Over \$92,980
7	\$52,390	\$72,298	\$78,585	\$104,780	Over \$104,780
8	\$58,290	\$80,440	\$87,435	\$116,580	Over \$116,580
Add an additional \$5,680 per person					

\*Based on 2022 HHS Federal Poverty Guidelines for Alaska: <https://aspe.hhs.gov/poverty-guidelines>