



**2022 Sliding Fee Discount Schedule  
Medical & Dental Services**

| <b>Annual Income Thresholds by Percentage of Poverty*</b> |                  |          |          |           |                |
|---|------------------|----------|----------|-----------|----------------|
| Poverty Level   | A                | B        | C        | D         | E              |
|   | Nominal Fee \$20 | \$30     | \$40     | \$50      | 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>