



**2023 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	\$18,210	\$25,130	\$27,315	\$36,420	Over \$36,420
2	\$24,640	\$34,003	\$36,960	\$49,280	Over \$49,280
3	\$31,070	\$42,877	\$46,605	\$62,140	Over \$62,140
4	\$37,500	\$51,750	\$56,250	\$75,000	Over \$75,000
5	\$43,930	\$60,623	\$65,895	\$87,860	Over \$87,860
6	\$50,360	\$69,497	\$75,540	\$100,720	Over \$100,720
7	\$56,790	\$78,370	\$85,185	\$113,580	Over \$113,580
8	\$63,220	\$87,244	\$94,830	\$126,440	Over \$126,440
Add an additional \$6,430 per person					

*Based on 2023 HHS Federal Poverty Guidelines for Alaska: <https://aspe.hhs.gov/poverty-guidelines>