



**2024 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	\$18,810	\$25,958	\$28,215	\$37,620	Over \$37,620
2	\$25,540	\$35,245	\$38,310	\$51,080	Over \$51,080
3	\$32,270	\$44,533	\$48,405	\$64,540	Over \$64,540
4	\$39,000	\$53,820	\$58,500	\$78,000	Over \$78,000
5	\$45,730	\$63,107	\$68,595	\$91,460	Over \$91,460
6	\$52,460	\$72,395	\$78,690	\$104,920	Over \$104,920
7	\$59,190	\$81,682	\$88,785	\$118,380	Over \$118,380
8	\$65,920	\$90,970	\$98,880	\$131,840	Over \$131,840
Add an additional \$6,730 per person					

*Based on 2024 HHS Federal Poverty Guidelines for Alaska:
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>