



**2025 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	\$19,550	\$26,979	\$29,325	\$39,100	Over \$39,100
2	\$26,430	\$36,473	\$39,645	\$52,860	Over \$52,860
3	\$33,310	\$45,968	\$49,965	\$66,620	Over \$66,620
4	\$40,190	\$55,462	\$60,285	\$80,380	Over \$80,380
5	\$47,070	\$64,957	\$70,605	\$94,140	Over \$94,140
6	\$53,950	\$74,451	\$80,925	\$107,900	Over \$107,900
7	\$60,830	\$83,945	\$91,245	\$121,660	Over \$121,660
8	\$67,710	\$93,440	\$101,565	\$135,420	Over \$135,420
Add an additional \$6,880 per person					

*Based on 2025 HHS Federal Poverty Guidelines for Alaska:
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>