

HOT SPRINGS HEALTH PROGRAM
2020 Sliding Fee Discount Schedule

2020 DHHS Poverty Guidelines

A	B	C	D	E	F
Economic Unit* Size	Less than or equal to	Less than or equal to	Less than or equal to	Less than or equal to	Over 200%
	100%	133%	167%	200%	Unqualified
1	\$12,760	\$16,971	\$21,309	\$25,520	\$25,521 and over
2	\$17,240	\$22,929	\$28,791	\$34,480	\$34,481 and over
3	\$21,720	\$28,888	\$36,272	\$43,440	\$43,441 and over
4	\$26,200	\$34,846	\$43,754	\$52,400	\$52,401 and over
5	\$30,680	\$40,804	\$51,236	\$61,360	\$61,361 and over
6	\$35,160	\$46,763	\$58,717	\$70,320	\$70,321 and over
7	\$39,640	\$52,721	\$66,199	\$79,280	\$79,281 and over
8	\$44,120	\$58,680	\$73,680	\$88,240	\$88,241 and over
For each additional person, add \$4,480 for economic unit size over 8					
Nominal Fee	\$10	\$15	\$20	\$25	100% of charges

SOURCE: US Department of Health and Human Services, Effective January 17, 2020, <https://aspe.hhs.gov/poverty-guidelines>

