



THE CENTERS

Sliding Fee Scale

Effective 02/28/2026

TheCentersOhio.org

We are pleased to provide services to our patients on a discounted, sliding fee schedule based on income and family size. If you have questions or think you may be eligible for additional insurance benefits, please ask to speak with a member of our benefits team for a FREE, confidential eligibility review.

Find your family size in the left hand column, then look across that row to see if/where your income level falls to determine your range. Use that color code to see your costs in the table at the bottom.

Based on annual income in accordance with the 2026 Federal Poverty Guidelines

Family Size	0 - 100% FPL		101 - 125% FPL		126 - 150% FPL		151 - 175% FPL		176 - 200% FPL	
	From	To	From	To	From	To	From	To	From	To
1	\$0.00	\$15,960.00	\$15,960.01	\$19,950.00	\$19,950.01	\$23,940.00	\$23,940.01	\$27,930.00	\$27,930.01	\$31,920.00
2	\$0.00	\$21,640.00	\$21,640.01	\$27,050.00	\$27,930.01	\$32,460.00	\$32,460.01	\$37,870.00	\$37,870.01	\$43,280.00
3	\$0.00	\$27,320.00	\$27,320.01	\$34,150.00	\$34,150.01	\$40,980.00	\$40,980.01	\$47,810.00	\$47,810.01	\$54,640.00
4	\$0.00	\$33,000.00	\$33,000.01	\$41,250.00	\$41,250.01	\$49,500.00	\$49,500.01	\$57,750.00	\$57,750.01	\$66,000.00
5	\$0.00	\$38,680.00	\$38,680.01	\$48,350.00	\$48,350.01	\$58,020.00	\$58,020.01	\$67,690.00	\$67,690.01	\$77,360.00
6	\$0.00	\$44,360.00	\$44,360.01	\$55,450.00	\$55,450.01	\$66,540.00	\$66,540.01	\$77,630.00	\$77,630.01	\$88,720.00
7	\$0.00	\$50,040.00	\$50,040.01	\$62,550.00	\$62,550.01	\$75,060.00	\$75,060.01	\$87,570.00	\$87,570.01	\$100,080.00
8	\$0.00	\$55,720.00	\$55,720.01	\$69,650.00	\$69,650.01	\$83,580.00	\$83,580.01	\$97,510.00	\$97,510.01	\$111,440.00

Visit	Cost	Cost	Cost	Cost	Cost
Medical/ Behavioral Health	\$5	\$10	\$15	\$20	\$25
Dental	\$35	\$45	\$55	\$65	\$75
Pharmacy	\$4 + cost of drug (30 days)	\$4 + cost of drug (30 days)	\$4 + cost of drug (30 days)	\$4 + cost of drug (30 days)	\$4 + cost of drug (30 days)
Prescription	\$10 + cost of drug (90 days)	\$10 + cost of drug (90 days)	\$10 + cost of drug (90 days)	\$10 + cost of drug (90 days)	\$10 + cost of drug (90 days)