

Appendix II, Optional Co-Pay Table Based on Monthly Federal Poverty Level (FPL)
5-8-2020

Office of Primary and Specialty Health
Optional Co-Pay Table Based on Monthly Federal Poverty Level (FPL)
Fiscal Year 2020 Worksheet

Family Size	Less Than or Equal to 100% FPL \$0 Co-pay	101 to 133% FPL \$10 Co-pay	134 to 150% FPL \$20 Co-pay	151 to 185% FPL \$25 Co-pay	186 to 200% FPL \$30 Co-pay
1	\$0 to \$1,064	\$1,064.01 to \$1,415	\$1,415.01 to \$1,595	\$1,595.01 to \$1,968	\$1,968.01 to \$2,127
2	\$0 to \$1,437	\$1,437.01 to \$1,911	\$1,911.01 to \$2,155	\$2,155.01 to \$2,658	\$2,658.01 to \$2,874
3	\$0 to \$1,810	\$1,810.01 to \$2,408	\$2,408.01 to \$2,715	\$2,715.01 to \$3,349	\$3,349.01 to \$3,620
4	\$0 to \$2,184	\$2,184.01 to \$2,904	\$2,904.01 to \$3,275	\$3,275.01 to \$4,040	\$4,040.01 to \$4,367
5	\$0 to \$2,557	\$2,557.01 to \$3,401	\$3,401.01 to \$3,835	\$3,835.01 to \$4,730	\$4,730.01 to \$5,114
6	\$0 to \$2,930	\$2,930.01 to \$3,897	\$3,897.01 to \$4,395	\$4,395.01 to \$5,421	\$5,421.01 to \$5,860
7	\$0 to \$3,304	\$3,304.01 to \$4,394	\$4,394.01 to \$4,955	\$4,955.01 to \$6,112	\$6,112.01 to \$6,607
8	\$0 to \$3,677	\$3,677.01 to \$4,890	\$4,890.01 to \$5,515	\$5,515.01 to \$6,802	\$6,802.01 to \$7,354
9	\$0 to \$4,050	\$4,050.01 to \$5,387	\$5,387.01 to \$6,075	\$6,075.01 to \$7,493	\$7,493.01 to \$8,100
10	\$0 to \$4,424	\$4,424.01 to \$5,884	\$5,884.01 to \$6,635	\$6,635.01 to \$8,184	\$8,184.01 to \$8,847

Note: No co-pay can be charged for a household below 100% FPL.

The contractor must waive the fee if a client self-declares an inability to pay. No client shall be denied services based on an inability to pay. If a co-pay is charged, it may not exceed \$30 or the cost of the visit/encounter, whichever is less. The FPL is calculated and published annually each calendar year at <https://aspe.hhs.gov/poverty-guidelines>.