

**Carolina Health Centers**  
Board Approved Sliding Fee Schedule Effective April 1, 2019

Percentage of Federal Poverty Level	Level A		Level B		Level C		Level D		Level E	
	At or Below 100%		Above 100% and At or Below 125%		Above 125% and At or Below 150%		Above 150% and At or Below 200%		Above 200%	
Family Size	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly
1	0 12,490	0 1,041	12,491 15,613	1,041 1,301	15,614 18,735	1,301 1,561	18,736 24,980	1,561 2,082	24,981 And Over	2,082 And Over
2	0 16,910	0 1,409	16,911 21,138	1,409 1,761	21,139 25,365	1,762 2,114	25,366 33,820	2,114 2,818	33,821 And Over	2,818 And Over
3	0 21,330	0 1,778	21,331 26,663	1,778 2,222	26,664 31,995	2,222 2,666	31,996 42,660	2,666 3,555	42,661 And Over	3,555 And Over
4	0 25,750	0 2,146	25,751 32,188	2,146 2,682	32,189 38,625	2,682 3,219	38,626 51,500	3,219 4,292	51,501 And Over	4,292 And Over
5	0 30,170	0 2,514	30,171 37,713	2,514 3,143	37,714 45,255	3,143 3,771	45,256 60,340	3,771 5,028	60,341 And Over	5,028 And Over
6	0 34,590	0 2,883	34,591 43,238	2,883 3,603	43,239 51,885	3,603 4,324	51,886 69,180	4,324 5,765	69,181 And Over	5,765 And Over
7	0 39,010	0 3,251	39,011 48,763	3,251 4,064	48,764 58,515	4,064 4,876	58,516 78,020	4,876 6,502	78,021 And Over	6,502 And Over
8	0 43,430	0 3,619	43,431 54,288	3,619 4,524	54,289 65,145	4,524 5,429	65,146 86,860	5,429 7,238	86,861 And Over	7,238 And Over

<b>Amount Per Additional Family Member</b>	4,420	368	5,525	460	6,630	553	8,840	737		
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**Medical Visits**

	Level A Nominal Charge	Level B	Level C	Level D	Level E
Old	\$10	\$20	\$30	\$40	Full Charges
Effective April 1, 2019	\$20	\$25	\$35	\$45	Full Charges