

NORTH SLOPE BOROUGH PUBLIC HEALTH NURSING DISCOUNT FEE SCHEDULE

2016

Notes: 1) FPL = Federal Poverty Level 2) Income in each box represents maximum amount allowable for that range, with exception of “>250% FPL” box, which represents minimum amount.

SCALE A – Monthly Income Sliding Fee Scale

Family Size	≤ 100% AK FPL	101% thru 114%	115% thru 129%	130% thru 144%	145% thru 159%	160% thru 174%	175% thru 189%	190% thru 204%	205% thru 219%	220% thru 234%	235% thru 250%	> 250% FPL
1	1,227	1,411	1,595	1,779	1,963	2,147	2,331	2,515	2,699	2,883	3,079	3,080
2	1,660	1,909	2,158	2,407	2,656	2,905	3,154	3,403	3,652	3,901	4,167	4,168
3	2,093	2,407	2,721	3,035	3,349	3,663	3,977	4,291	4,605	4,919	5,254	5,255
4	2,527	2,906	3,285	3,664	4,043	4,422	4,801	5,180	5,559	5,938	6,342	6,343
5	2,960	3,404	3,848	4,292	4,736	5,180	5,624	6,068	6,512	6,956	7,430	7,431
6	3,393	3,902	4,411	4,920	5,429	5,938	6,447	6,956	7,465	7,974	8,517	8,518
7	3, 827	4,401	4,975	5,549	6,123	6,697	7,271	7,845	8,419	8,993	9,605	9,606
8	4,260	4,899	5,538	6,177	6,816	7,455	8,094	8,733	9,372	10,011	10,693	10,694
Addl.	433	498	563	628	693	758	823	888	953	1018	1,088	1,089
	<i>No Charge</i>	<i>95% DC</i>	<i>90% DC</i>	<i>80% DC</i>	<i>70% DC</i>	<i>60% DC</i>	<i>50% DC</i>	<i>40% DC</i>	<i>30% DC</i>	<i>20% DC</i>	<i>10% DC</i>	<i>No Discount</i>