

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 B – Annual 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	14,720	16,928	19,136	21,344	23,552	25,760	27,968	30,176	32,384	34,592	36,947	36,948
2	19,920	22,908	25,896	28,884	31,872	34,860	37,848	40,836	43,824	46,812	49,999	50,000
3	25,120	28,888	32,656	36,424	40,192	43,960	47,728	51,496	55,264	59,032	63,051	63,052
4	30,320	34,868	39,416	43,964	48,512	53,060	57,608	62,156	66,704	71,252	76,103	76,104
5	35,520	40,848	46,176	51,504	56,832	62,160	67,488	72,816	78,144	83,472	89,155	89,156
6	40,720	46,828	52,936	59,044	65,152	71,260	77,368	83,476	89,584	95,692	102,207	102,208
7	45,920	52,808	59,696	66,584	73,472	80,360	87,248	94,136	101,024	107,912	115,259	115,260
8	51,120	58,788	66,456	74,124	81,792	89,460	97,128	104,796	112,464	120,132	128,311	128,312
Addl.	5,200	5,980	6,760	7,540	8,320	9,100	9,880	10,660	11,440	12,220	13,052	13,053
	<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 DC</i>

NO ONE WILL BE DENIED SERVICES DUE TO INABILITY TO PAY