

**TREASURE COAST COMMUNITY HEALTH, INC.**  
**SLIDING SCALE DISCOUNT INCOME/FAMILY SIZE CHART**  
**ANNUAL INCOMES**  
**EFFECTIVE February 1, 2025**

PAY CATEGORY FAMILY SIZE	A	B	C	D	E	FULL PAY 100%	Presumptive Medicaid Eligibility	Priority Medicaid Target Group
	Discount Varies with Service Line							
	Minimum							
1	15,650	15,651	19,564	23,476	27,389	>31,300	<28,953	<20,815
		19,563	23,475	27,388	31,300			
2	21,150	21,151	26,439	31,726	37,014	>42,300	<39,128	<28,130
		26,438	31,725	37,013	42,300			
3	26,650	26,651	33,314	39,976	46,639	>53,300	<49,303	<35,445
		33,313	39,975	46,638	53,300			
4	32,150	32,151	40,189	48,226	56,264	>64,300	<59,478	<42,760
		40,188	48,225	56,263	64,300			
5	37,650	37,651	47,064	56,476	65,889	>75,300	<69,653	<50,075
		47,063	56,475	65,888	75,300			
6	43,150	43,151	53,939	64,726	75,514	>86,300	<79,828	<57,390
		53,938	64,725	75,513	86,300			
7	48,650	48,651	60,814	72,976	85,139	>97,300	<90,003	<64,705
		60,813	72,975	85,138	97,300			
8	54,150	54,151	67,689	81,226	94,764	>108,300	<100,178	<72,020
		67,688	81,225	94,763	108,300			
Percent of Poverty	100% & Below	101-125%	126-150%	151-175%	176-200%	More Than 200%	Less than 185%	Less than 133%
	A	B	C	D	E	FULL		

The current base payment for service is \$5.00.

For families over 8 members, add \_\_\_\$5,500\_\_\_ for each additional family member at 100% of poverty.

Presumptive Eligibility: For families over 10 members, add \_\_\_\$10,175\_\_\_ for each additional member.

Target Group: For family size with over 10 members, add \_\_\_\$7,315\_\_\_ for each additional member.