

TREASURE COAST COMMUNITY HEALTH, INC.
SLIDING SCALE DISCOUNT INCOME/FAMILY SIZE CHART
MONTHLY 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	1,304	1,305	1,631	1,957	2,283	>2,608	<2,413	<1,735
		1,630	1,956	2,282	2,608			
2	1,763	1,764	2,205	2,646	3,086	>3,525	<3,261	<2,344
		2,204	2,645	3,085	3,526			
3	2,221	2,222	2,777	3,333	3,888	>4,442	<4,109	<2,954
		2,776	3,332	3,887	4,442			
4	2,679	2,680	3,350	4,020	4,689	>5,358	<4,956	<3,563
		3,349	4,019	4,688	5,358			
5	3,138	3,139	3,924	4,708	5,493	>6,275	<5,804	<4,173
		3,923	4,707	5,492	6,276			
6	3,596	3,597	4,496	5,395	6,294	>7,192	<6,652	<4,782
		4,495	5,394	6,293	7,192			
7	4,054	4,055	5,069	6,082	7,096	>8,108	<7,500	<5,392
		5,068	6,081	7,095	8,108			
8	4,513	4,514	5,642	6,771	7,899	>9,025	<8,348	<6,002
		5,641	6,770	7,898	9,026			
9	4,971	4,972	6,215	7,458	8,700	>9,942	<9,196	<6,611
		6,214	7,457	8,699	9,942			
10	5,429	5,430	6,787	8,145	9,502	>10,858	<10,044	<7,221
		6,786	8,144	9,501	10,858			
Percent of Poverty	100% & Below	101-125%	126-150%	151-175%	176-200%	More Than 200%	Less than 185%	Less than 133%

The current base payment for service is \$5.00.

For families over 10 members, add ___\$458___ for each additional family member.

Presumptive Eligibility: For families over 10 members, add ___\$848___ for each additional member.

Target Group: For family size with over 10 members, add ___\$610___ for each additional member.