

**Aspire Indiana Health, Inc.**  
**Recovery Center Services**  
 Sliding Fee Discount Schedule\* 2026

ASAM Services

***ANNUAL INCOME***

| Number in Household                    | Income Measure | <u>Plan 1</u>  | <u>Plan 2</u>       | <u>Plan 3</u>        | <u>Plan 4</u>         | <u>Plan 5</u>  |
|--|----------------|----------------|---------------------|----------------------|-----------------------|----------------|
| % of Federal Poverty Income Guidelines |                | 0-100%         | 101-150%            | 151-185%             | 186-200%              | > 200%         |
| 1                                      | Annual         | \$0 - \$15,960 | \$15,961 - \$23,940 | \$23,941 - \$29,526  | \$29,527 - \$31,920   | over \$31,920  |
| 2                                      | Annual         | \$0 - \$21,640 | \$21,641 - \$32,460 | \$32,461 - \$40,034  | \$40,035 - \$43,280   | over \$43,280  |
| 3                                      | Annual         | \$0 - \$27,320 | \$27,321 - \$40,980 | \$40,981 - \$50,542  | \$50,543 - \$54,640   | over \$54,640  |
| 4                                      | Annual         | \$0 - \$33,000 | \$33,001 - \$49,500 | \$49,501 - \$61,050  | \$61,051 - \$66,000   | over \$66,000  |
| 5                                      | Annual         | \$0 - \$38,680 | \$38,681 - \$58,020 | \$58,021 - \$71,558  | \$71,559 - \$77,360   | over \$77,360  |
| 6                                      | Annual         | \$0 - \$44,360 | \$44,361 - \$66,540 | \$66,541 - \$82,066  | \$82,067 - \$88,720   | over \$88,720  |
| 7                                      | Annual         | \$0 - \$50,040 | \$50,041 - \$75,060 | \$75,061 - \$92,574  | \$92,575 - \$100,080  | over \$100,080 |
| 8                                      | Annual         | \$0 - \$55,720 | \$55,721 - \$83,580 | \$83,581 - \$103,082 | \$103,083 - \$111,440 | over \$111,440 |
| each additional family member over 8   |                | \$5,500        | \$8,250             | \$10,175             | \$11,000              | over \$11,000  |
| % of Federal Poverty Income Guidelines |                | < = 100%       | 101-150%            | 151-185%             | 186-200%              | > 200%         |
| Per Day                                |                | \$20           | \$40                | \$60                 | \$80                  | full fee       |

*\*Individuals will not be denied services based on ability to pay*

\*Based upon 2026 FPL