

**Aspire Indiana Health, Inc.**

**Sliding Fee Discount Schedule\* 2024**

**BEHAVIORAL HEALTH - CMHC**

**ANNUAL INCOME**

Number in Household	Income Measure	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
		0-100%	101-150%	151-185%	186-200%	> 200%
1	Annual	\$0 - \$15,060	\$15,061 - \$22,590	\$22,591 - \$27,861	\$27,862 - \$30,120	over \$30,120
2	Annual	\$0 - \$20,440	\$20,441 - \$30,660	\$30,661 - \$37,814	\$37,815 - \$40,880	over \$40,880
3	Annual	\$0 - \$25,820	\$25,821 - \$38,730	\$38,731 - \$47,767	\$47,768 - \$51,640	over \$51,640
4	Annual	\$0 - \$31,200	\$31,201 - \$46,800	\$46,801 - \$57,720	\$57,721 - \$62,400	over \$62,400
5	Annual	\$0 - \$36,580	\$36,581 - \$54,870	\$54,871 - \$67,673	\$67,674 - \$73,160	over \$73,160
6	Annual	\$0 - \$41,960	\$41,961 - \$62,940	\$62,941 - \$77,626	\$77,627 - \$83,920	over \$83,920
7	Annual	\$0 - \$47,340	\$47,341 - \$71,010	\$71,011 - \$87,579	\$87,580 - \$94,680	over \$94,680
8	Annual	\$0 - \$52,720	\$52,721 - \$79,080	\$79,081 - \$97,532	\$97,533 - \$105,440	over \$105,440
each additional family member over 8		\$5,380	\$8,070	\$9,953	\$10,760	over \$10,760
% of Federal Poverty Income Guidelines		< = 100%	101-150%	151-185%	186-200%	> 200%
Point of Service Fee		\$10/service	\$35/service	\$45/service	\$55/service	full fee
Group Services		\$10/service	\$15/service	\$20/service	\$25/service	full fee

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

\*Based upon 2024 FPL