

Aspire Indiana Health, Inc.

Sliding Fee Discount Schedule* 2026

BEHAVIORAL HEALTH - CMHC

Number in Household	Income Measure	<i>ANNUAL INCOME</i>				
		<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

For families/households with more than 8 persons, add \$5,680 for each additional person

% 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 2026 FPL