updated 1.16.26

Aspire Indiana Health, Inc.

Sliding Fee Discount Schedule* 2026

BEHAVIORAL HEALTH - **CMHC**

Number in Household	Income Measure	ANNUAL INCOME Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
% 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
	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