

Aspire Indiana Health, Inc.

Sliding Fee Discount Schedule* 2025

Pharmacy

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>
		0-100%	101-150%	151-185%	186-200%	> 200%
% of Federal Poverty Income Guidelines						
1	Annual	\$0 - \$15,650	\$15,651 - \$23,475	\$23,476 - \$28,953	\$28,954 - \$31,300	over \$31,300
2	Annual	\$0 - \$21,150	\$21,151 - \$31,725	\$31,726 - \$39,128	\$39,129 - \$42,300	over \$42,300
3	Annual	\$0 - \$26,650	\$26,651 - \$39,975	\$39,976 - \$49,303	\$49,304 - \$53,300	over \$53,300
4	Annual	\$0 - \$32,150	\$32,151 - \$48,225	\$48,226 - \$59,478	\$59,479 - \$64,300	over \$64,300
5	Annual	\$0 - \$37,650	\$37,651 - \$56,475	\$56,476 - \$69,653	\$69,654 - \$75,300	over \$75,300
6	Annual	\$0 - \$43,150	\$43,151 - \$64,725	\$64,726 - \$79,828	\$79,829 - \$86,300	over \$86,300
7	Annual	\$0 - \$48,650	\$48,651 - \$72,975	\$72,976 - \$90,003	\$90,004 - \$97,300	over \$97,300
8	Annual	\$0 - \$54,150	\$54,151 - \$81,225	\$81,226 - \$100,178	\$100,179 - \$108,300	over \$108,300
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%
Branded drugs (340B eligible)		340B Cost + \$15.00	340B Cost + \$16.00	340B Cost + \$17.00	340B Cost + \$18.00	340B Cost X 120% + \$20
Generic		Cost + \$15.00	Cost + \$16.00	Cost + \$17.00	Cost + \$18.00	Cost X 120% + \$20

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

*Based upon 2025 FPL