

Aspire Indiana Health, Inc.

Sliding Fee Discount Schedule* 2026

Pharmacy

ANNUAL INCOME

Number in Household	Income Measure	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
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%
Branded drugs (340B eligible)		340B Cost + \$15.00	340B Cost + \$16.00	340B Cost + \$17.00	340B Cost + \$18.00	AWP 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 2026 FPL