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FOUNDCARE SLIDING FEE SCALE 2026

2026 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Sliding fee scale discounts are based on household income according to the following schedule. Documentation verifying your income is required for eligibility. Failure to provide proof of income may result in full responsibility for all charges .Please notify us if your financial situation or insurance status changes.

Family Size Federal Poverty Level	Category 0 0-100%	Category 1 101-125% FPL		Category 2 126-150% FPL		Category 3 151-175% FPL		Category 4 176-200% FPL		Category 5 >200%
1	$15,960	$15,961	$19,950	$19,951	$23,940	$23,941	$27,930	$27,931	$31,920	$31,921
2	$21,640	$21,641	$27,050	$27,051	$32,460	$32,461	$37,870	$37,871	$43,280	$43,281
3	$27,320	$27,321	$34,150	$34,151	$40,980	$40,981	$47,810	$47,811	$54,640	$54,641
4	$33,000	$33,001	$41,250	$41,251	$49,500	$49,501	$57,750	$57,751	$66,000	$66,001
5	$38,680	$38,681	$48,350	$48,351	$58,020	$58,021	$67,690	$67,691	$77,360	$77,361
6	$44,360	$44,361	$55,450	$55,451	$66,540	$66,541	$77,630	$77,631	$88,720	$88,721
7	$50,040	$50,041	$62,550	$62,551	$75,060	$75,061	$87,570	$87,571	$100,080	$100,081
8	$55,720	$55,721	$69,650	$69,651	$83,580	$83,581	$97,510	$97,511	$111,440	$111,441
9	$61,400	$61,401	$76,750	$76,751	$92,100	$92,101	$107,450	$107,451	$122,800	$122,801
10	$67,080	$67,081	$83,850	$83,851	$100,620	$100,621	$117,390	$117,391	$134,160	$134,161
11	$72,760	$72,761	$90,950	$90,951	$109,140	$109,141	$127,330	$127,331	$145,520	$145,521
12	$78,440	$78,441	$98,050	$98,051	$117,660	$117,661	$137,270	$137,271	$156,880	$156,881
13	$84,120	$84,121	$105,150	$105,151	$126,180	$126,181	$147,210	$147,211	$168,240	$168,241
14	$89,800	$89,801	$112,250	$112,251	$134,700	$134,701	$157,150	$157,151	$179,600	$179,601
Each addt'l member, add	$5,680	$7,100		$8,520		$9,940		$11,360		

SLIDE	A	B	C	D	E	Not Eligible
MEDICAL	$25	$35	$45	$55	$65	
DENTAL	$50	$55	$60	$65	$70	
WOMENS HEALTH	$45	$50	$55	$60	$65	
PSYCHIATRY	$40	$45	$55	$60	$65	
MAMMOGRAM	$50	$75	$100	$125	$150	
X-RAYS	$20	$25	$30	$35	$40	
LABORATORY	$10	$15	$20	$25	$30	
OPTOMETRY	$30	$35	$40	$45	$50	
BEHAVIORAL HEALTH	$15	$25	$35	$45	$55	
PHARMACY	$5 Dispensing fee + 340b drug cost for RX (30 day supply) $10 Dispensing fee plus 340b drug cost for RX (90 day supply)	$6.25 Dispensing fee drug cost for RX (30 day supply) $12.50 Dispensing fee + 340b drug cost for RX (90 day supply)	$7.50 Dispensing fee drug cost for RX (30 day supply) $15.00 Dispensing fee + 340b drug cost for RX (90 day supply)	$8.75 Dispensing fee drug cost for RX (30 day supply) $17.50 Dispensing fee + 340b drug cost for RX (90 day supply)	$10 Dispensing fee drug cost for RX (30 day supply) $20 Dispensing fee drug cost for RX (90 day supply)	

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FOUNDCARE 2026 ESCALA DE TARIFAS

Pautas de Pobreza 2026 para los 48 Estados Contiguos y el Distrito de Columbia

Los descuentos en la escala móvil de tarifas se basan en los ingresos del hogar de acuerdo con el siguiente cronograma. Se requiere documentación que verifique sus ingresos para ser elegible. La falta de comprobante de ingresos puede resultar en la responsabilidad total de todos los cargos. Por favor, notifíquenos si su situación financiera o el estado de su seguro cambian.

Tamaño de la familia Nivel Federal de Pobreza	Categoría 0 0-100%	Categoría 1 101-125% FPL		Categoría 2 126-150% FPL		Categoría 3 151-175% FPL		Categoría 4 176-200% FPL		Categoría 5 >200%
1	$15,960	$15,961	$19,950	$19,951	$23,940	$23,941	$27,930	$27,931	$31,920	$31,921
2	$21,640	$21,641	$27,050	$27,051	$32,460	$32,461	$37,870	$37,871	$43,280	$43,281
3	$27,320	$27,321	$34,150	$34,151	$40,980	$40,981	$47,810	$47,811	$54,640	$54,641
4	$33,000	$33,001	$41,250	$41,251	$49,500	$49,501	$57,750	$57,751	$66,000	$66,001
5	$38,680	$38,681	$48,350	$48,351	$58,020	$58,021	$67,690	$67,691	$77,360	$77,361
6	$44,360	$44,361	$55,450	$55,451	$66,540	$66,541	$77,630	$77,631	$88,720	$88,721
7	$50,040	$50,041	$62,550	$62,551	$75,060	$75,061	$87,570	$87,571	$100,080	$100,081
8	$55,720	$55,721	$69,650	$69,651	$83,580	$83,581	$97,510	$97,511	$111,440	$111,441
9	$61,400	$61,401	$76,750	$76,751	$92,100	$92,101	$107,450	$107,451	$122,800	$122,801
10	$67,080	$67,081	$83,850	$83,851	$100,620	$100,621	$117,390	$117,391	$134,160	$134,161
11	$72,760	$72,761	$90,950	$90,951	$109,140	$109,141	$127,330	$127,331	$145,520	$145,521
12	$78,440	$78,441	$98,050	$98,051	$117,660	$117,661	$137,270	$137,271	$156,880	$156,881
13	$84,120	$84,121	$105,150	$105,151	$126,180	$126,181	$147,210	$147,211	$168,240	$168,241
14	$89,800	$89,801	$112,250	$112,251	$134,700	$134,701	$157,150	$157,151	$179,600	$179,601
Cada miembro adicional, agregue	$5,680	$7,100		$8,520		$9,940		$11,360		

DIAPOSITIVA	A	B	C	D	E	No Elegible
MÉDICO	$25	$35	$45	$55	$65	
DENTAL	$50	$55	$60	$65	$70	
SALUD DE LA MUJER	$45	$50	$55	$60	$65	
PSIQUIATRÍA	$40	$45	$55	$60	$65	
MAMOGRAFÍA	$50	$75	$100	$125	$150	
RADIOGRAFÍAS	$20	$25	$30	$35	$40	
LABORATORIO	$10	$15	$20	$25	$30	
OPTOMETRÍA	$30	$35	$40	$45	$50	
SALUD MENTAL	$15	$25	$35	$45	$55	
FARMACIA	**Tarifa de $5 + costo de medicamento 340b para RX** (Suministro de 30 días) **Tarifa de $10 más el costo del medicamento 340b para RX** (Suministro de 90 días)	**$6.25 Tarifa de + costo del medicamento para RX** (Suministro de 30 días) **$12.50 Tarifa de + 340b costo del medicamento para RX** (Suministro de 90 días)	**$7.50 Tarifa de + costo del medicamento para RX** (Suministro de 30 días) **$15.00 Tarifa de + 340b costo de medicamento para RX** (Suministro de 90 días)	**$8.75 Tarifa de + costo del medicamento para RX** (Suministro de 30 días) **$17.50 Tarifa de + 340b costo del medicamento para RX** (Suministro de 90 días)	**Tarifa de $10 + costo del medicamento para RX** (Suministro de 30 días) **Tarifa de $20 + Costo del medicamento para RX** (Suministro de 90 días)	

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FOUNDCARE - ASISTANS SOU TARIF POU ANE 2026

LIY Direktiv Sou Povrete pou 48 Eta ki kole yo ak distri Columbia pou ane 2026

Asistans sou Tarif yo baze sou revni kay la pou rezon sa. Dokiman pou verifye revni ou obligatwa pou kalifikasyon. Si ou pa bay prèv revni ou, sa ka lakòz ou responsab pou tout chaj yo. Tanpri fè nou konnen si sitiyasyon finansye ou oswa asirans ou chanje.

Gwosè Fanmi Nivo Povrete Federal	Kategori 0 0-100%	Kategori 1 101-125% FPL		Kategori 2 126-150% FPL		Kategori 3 151-175% FPL		Kategori 4 176-200% FPL		Kategori 5 >200%
1	$15,960	$15,961	$19,950	$19,951	$23,940	$23,941	$27,930	$27,931	$31,920	$31,921
2	$21,640	$21,641	$27,050	$27,051	$32,460	$32,461	$37,870	$37,871	$43,280	$43,281
3	$27,320	$27,321	$34,150	$34,151	$40,980	$40,981	$47,810	$47,811	$54,640	$54,641
4	$33,000	$33,001	$41,250	$41,251	$49,500	$49,501	$57,750	$57,751	$66,000	$66,001
5	$38,680	$38,681	$48,350	$48,351	$58,020	$58,021	$67,690	$67,691	$77,360	$77,361
6	$44,360	$44,361	$55,450	$55,451	$66,540	$66,541	$77,630	$77,631	$88,720	$88,721
7	$50,040	$50,041	$62,550	$62,551	$75,060	$75,061	$87,570	$87,571	$100,080	$100,081
8	$55,720	$55,721	$69,650	$69,651	$83,580	$83,581	$97,510	$97,511	$111,440	$111,441
9	$61,400	$61,401	$76,750	$76,751	$92,100	$92,101	$107,450	$107,451	$122,800	$122,801
10	$67,080	$67,081	$83,850	$83,851	$100,620	$100,621	$117,390	$117,391	$134,160	$134,161
11	$72,760	$72,761	$90,950	$90,951	$109,140	$109,141	$127,330	$127,331	$145,520	$145,521
12	$78,440	$78,441	$98,050	$98,051	$117,660	$117,661	$137,270	$137,271	$156,880	$156,881
13	$84,120	$84,121	$105,150	$105,151	$126,180	$126,181	$147,210	$147,211	$168,240	$168,241
14	$89,800	$89,801	$112,250	$112,251	$134,700	$134,701	$157,150	$157,151	$179,600	$179,601
Each addt'l member, add	$5,680	$7,100		$8,520		$9,940		$11,360		

GLISE	A	B	C	D	E	Pa kalifye
MEDIKAL	$25	$35	$45	$55	$65	
DAN	$50	$55	$60	$65	$70	
SANTE FANM	$45	$50	$55	$60	$65	
SANTE MANTAL	$40	$45	$55	$60	$65	
MAMMOGRAM	$50	$75	$100	$125	$150	
X-RAYS	$20	$25	$30	$35	$40	
LABORATORY	$10	$15	$20	$25	$30	
OPTOMETRI	$30	$35	$40	$45	$50	
SANTE KONPÒTMANTAL	$15	$25	$35	$45	$55	

FAMASI					
	$5 Dispanse frè + 340b pri dwòg pou RX (30 jou rezèv)	$ 6.25 Dispanse pri dwòg frè pou RX (30 jou rezèv)	$ 7.50 Dispansasyon pri dwòg frè pou RX (30 jou rezèv)	$ 8.75 Dispansasyon pri dwòg frè pou RX (30 jou rezèv)	$ 10 Dispansasyon pri dwòg pou RX (30 jou rezèv)
	$ 10 Dispanse frè plis 340b pri dwòg pou RX (90 jou rezèv)	$ 12.50 Dispansing frè + 340b pri dwòg pou RX (90 jou rezèv)	$ 15.00 Dispansing frè + 340b pri dwòg pou RX (90 jou rezèv)	$ 17.50 Dispansing frè + 340b pri dwòg pou RX (90 jou rezèv)	$20 Dispansasyon pri dwòg pou RX (90 jou rezèv)