Skagit Regional Health Sliding Payment Schedule Effective January 1, 2024

Family Size	Less than	More than										
1	\$15,060	\$15,060	\$22,590	\$22,591	\$30,120	\$30,121	\$45,180	\$45,181	\$60,240	\$60,241	\$75,300	\$75,301
2	\$20,440	\$20,440	\$30,660	\$30,661	\$40,880	\$40,881	\$61,320	\$61,321	\$81,760	\$81,761	\$102,200	\$102,201
3	\$25,820	\$25,820	\$38,730	\$38,731	\$51,640	\$51,641	\$77,460	\$77,461	\$103,280	\$103,281	\$129,100	\$129,101
4	\$31,200	\$31,200	\$46,800	\$46,801	\$62,400	\$62,401	\$93,600	\$93,601	\$124,800	\$124,801	\$156,000	\$156,001
5	\$36,580	\$36,580	\$54,870	\$54,871	\$73,160	\$73,161	\$109,740	\$109,741	\$146,320	\$146,321	\$182,900	\$182,901
6	\$41,960	\$41,960	\$62,940	\$62,941	\$83,920	\$83,921	\$125,880	\$125,881	\$167,840	\$167,841	\$209,800	\$209,801
7	\$47,340	\$47,340	\$71,010	\$71,011	\$94,680	\$94,681	\$142,020	\$142,021	\$189,360	\$189,361	\$236,700	\$236,701
8	\$52,720	\$52,720	\$79,080	\$79,081	\$105,440	\$105,441	\$158,160	\$158,161	\$210,880	\$210,881	\$263,600	\$263,601
9	\$58,100	\$58,100	\$87,150	\$87,151	\$116,200	\$116,201	\$174,300	\$174,301	\$232,400	\$232,401	\$290,500	\$290,501
10	\$63,480	\$63,480	\$95,220	\$95,221	\$126,960	\$126,961	\$190,440	\$190,441	\$253,920	\$253,921	\$317,400	\$317,401
Patient												
Responsibility	0%	09	%	0%		25%		70%		80%		100%
% FPL		150%		200%		300%		400%		500%		