Skagit Regional Health
Sliding Payment Schedule
2019

Family Size	Less Than	More Than										
1	**12,490**	12,490	18,735	18,735	24,980	24,980	37,470	37,470	49,960	49,960	62,450	62,450
2	**16,910**	16,910	25,365	25,365	33,820	33,820	50,730	50,730	67,640	67,640	84,550	84,550
3	**21,330**	21,330	31,995	31,995	42,660	42,660	63,990	63,990	85,320	85,320	106,650	106,650
4	**25,750**	25,750	38,625	38,625	51,500	51,500	77,250	77,250	103,000	103,000	128,750	128,750
5	**30,170**	30,170	45,255	45,255	60,340	60,340	90,510	90,510	120,680	120,680	150,850	150,850
6	**34,590**	34,590	51,885	51,885	69,180	69,180	103,770	103,770	138,360	138,360	172,950	172,950
7	**39,010**	39,010	58,515	58,515	78,020	78,020	117,030	117,030	156,040	156,040	195,050	195,050
8	**43,430**	43,430	65,145	65,145	86,860	86,860	130,290	130,290	173,720	173,720	217,150	217,150
9	**51,120**	51,120	76,680	76,680	102,240	102,240	153,360	153,360	204,480	204,480	255,600	255,600
10	**55,440**	55,440	83,160	83,160	110,880	110,880	166,320	166,320	221,760	221,760	277,200	277,200

Patient Responsibility	**0%**	**15%**	**30%**	**50%**	**70%**	**80%**	**100%**
% FPL		150%	200%	300%	400%	500%	