

**Skagit Regional Health  
Sliding Payment Schedule  
2020**

Family Size	Less Than	More Than										
1	<b>12,760</b>	12,760	19,140	19,140	25,520	25,520	38,280	38,280	51,040	51,040	63,800	63,800
2	<b>17,240</b>	17,240	25,860	25,860	34,480	34,480	51,720	51,720	68,960	68,960	86,200	86,200
3	<b>21,720</b>	21,720	32,580	32,580	43,440	43,440	65,160	65,160	86,880	86,880	108,600	108,600
4	<b>26,200</b>	26,200	39,300	39,300	52,400	52,400	78,600	78,600	104,800	104,800	131,000	131,000
5	<b>30,680</b>	30,680	46,020	46,020	61,360	61,360	92,040	92,040	122,720	122,720	153,400	153,400
6	<b>35,160</b>	35,160	52,740	52,740	70,320	70,320	105,480	105,480	140,640	140,640	175,800	175,800
7	<b>39,640</b>	39,640	59,460	59,460	79,280	79,280	118,920	118,920	158,560	158,560	198,200	198,200
8	<b>44,120</b>	44,120	66,180	66,180	88,240	88,240	132,360	132,360	176,480	176,480	220,600	220,600
9	<b>55,600</b>	55,600	83,400	83,400	111,200	111,200	166,800	166,800	222,400	222,400	278,000	278,000
10	<b>59,920</b>	59,920	89,880	89,880	119,840	119,840	179,760	179,760	239,680	239,680	299,600	299,600

Patient Responsibility	0%	15%	30%	50%	70%	80%	100%
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% FPL

150%

200%

300%

400%

500%