Skagit Regional Health
Sliding Payment Schedule
2020

Family Size	Less Than	More Than										
1	**12,760**	12,760	19,140	19,140	25,520	25,520	38,280	38,280	51,040	51,040	63,800	63,800
2	**17,240**	17,240	25,860	25,860	34,480	34,480	51,720	51,720	68,960	68,960	86,200	86,200
3	**21,720**	21,720	32,580	32,580	43,440	43,440	65,160	65,160	86,880	86,880	108,600	108,600
4	**26,200**	26,200	39,300	39,300	52,400	52,400	78,600	78,600	104,800	104,800	131,000	131,000
5	**30,680**	30,680	46,020	46,020	61,360	61,360	92,040	92,040	122,720	122,720	153,400	153,400
6	**35,160**	35,160	52,740	52,740	70,320	70,320	105,480	105,480	140,640	140,640	175,800	175,800
7	**39,640**	39,640	59,460	59,460	79,280	79,280	118,920	118,920	158,560	158,560	198,200	198,200
8	**44,120**	44,120	66,180	66,180	88,240	88,240	132,360	132,360	176,480	176,480	220,600	220,600
9	**48,600**	48,600	72,900	72,900	97,200	97,200	145,800	145,800	194,400	194,400	243,000	243,000
10	**53,080**	53,080	79,620	79,620	106,160	106,160	159,240	159,240	212,320	212,320	265,400	265,400
11	**57,560**	57560	86340	86,340	115120	115120	172680	172680	230,240	230240	287800	287800

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