

Fee Reduction Scale  Effective 1.1.25							
Federal Poverty Level	100%	150%	200%	250%	300%	350%	400%
% of COB	0%	10%	20%	30%	40%	50%	60%
Family Size							
1	\$15,650	\$23,475	\$31,300	\$39,125	\$46,950	\$54,775	\$62,600
2	\$21,150	\$31,725	\$42,300	\$52,875	\$63,450	\$76,775	\$87,350
3	\$26,650	\$39,975	\$53,300	\$66,625	\$79,950	\$98,775	\$112,100
4	\$32,150	\$48,225	\$64,300	\$80,375	\$96,450	\$120,775	\$136,850
5	\$37,650	\$56,475	\$75,300	\$94,125	\$112,950	\$142,775	\$161,600
6	\$43,150	\$64,725	\$86,300	\$107,875	\$129,450	\$164,775	\$186,350
7	\$48,650	\$72,975	\$97,300	\$121,625	\$145,950	\$186,775	\$211,100
8	\$54,150	\$81,225	\$108,300	\$135,375	\$162,450	\$208,775	\$235,850
For each additional person, add	\$5,500	\$8,250	\$11,000	\$13,750	\$16,500	\$22,000	\$24,750
BH/Hour	\$0.00	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00	\$120.00
Psych/Hour	\$0.00	\$32.50	\$65.00	\$97.50	\$130.00	\$162.50	\$195.00

- Group fee = ½ individual fee
- Behavioral Health Cost of Business\$200.00/hr. Psychological / Psychiatric Cost of Business=\$350.00/hr
- Annual income requirements and rates will be updated automatically yearly per federal poverty guidelines and with change in cost of business <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>
- Dependents are defined as the number of dependents living in the patient's immediate household as well as any for whom financial responsibility exists.
- Annual Income is defined as all projected annual gross income per calendar year

Updated: 1/28/25 NC