



**San Francisco Health Network
Department of Public Health
SLIDING SCALE FEE SCHEDULE**

Effective April 1, 2025 - March 31, 2026

A INPATIENT, COME & GO PROCEDURES	B DENTAL <u>PER VISIT</u>	C EMERGENCY ROOM & OUTPATIENT <u>PER VISIT</u>	FAMILY SIZE/GROSS MONTHLY INCOME								%Federal Poverty Level
Share of Cost Amt.	Share of Cost COPC	Share of Cost Amt.	1	2	3	4	5	6	7	8	
0	0	0	1,304	1,762	2,220	2,679	3,137	3,595	4,054	4,512	<100%
0	0	0	1,434	1,938	2,442	2,946	3,450	3,954	4,459	4,963	110
0	0	0	1,564	2,114	2,664	3,214	3,764	4,314	4,864	5,414	120
0	0	0	1,734	2,343	2,952	3,563	4,172	4,781	5,391	6,000	133
0	0	0	1,799	2,431	3,063	3,697	4,329	4,961	5,594	6,226	138
150	3	3	1,825	2,466	3,108	3,750	4,391	5,033	5,675	6,316	140
150	3	3	2,086	2,819	3,552	4,286	5,019	5,752	6,486	7,219	160
200	4	4	2,608	3,524	4,440	5,358	6,274	7,190	8,108	9,024	200
250	4	4	3,130	4,229	5,328	6,430	7,529	8,628	9,730	10,829	240
300	5	5	3,651	4,933	6,216	7,501	8,783	10,066	11,351	12,633	280
300	5	5	3,912	5,286	6,660	8,037	9,411	10,785	12,162	13,536	300
350	6	6	4,172	5,638	7,104	8,572	10,038	11,504	12,972	14,438	320
350	6	6	4,564	6,167	7,770	9,376	10,979	12,582	14,189	15,792	350
400	7	7	4,694	6,343	7,992	9,644	11,293	12,942	14,594	16,243	360
450	8	8	5,216	7,048	8,880	10,716	12,548	14,380	16,216	18,048	400
500	9	9	5,737	7,752	9,768	11,787	13,802	15,818	17,837	19,852	440
550	10	10	6,520	8,810	11,100	13,395	15,685	17,975	20,270	22,560	500

INSTRUCTION: Locate family size at the top of the chart. Move down the column to the correct income amount. When an income falls between two amounts, use the higher figure. Once income is located, move along the row to determine Share of Cost.

Income must not exceed 500% FPL. No Assets Test.

Share of Cost is Applied Per Visit for All Services. When Applicable, Copay fee is Added to the Share of Cost.

A Emergency Admissions, Medically Necessary Elective Admissions and Ambulatory Surgeries.

B Dental Service

C Outpatient Clinics, Health Centers, Emergency Room Visits, Diagnostic and Ancillary Services

To apply Sliding Scale as backup for SF residents with Medi-Cal SOC use equation: Medi-Cal SOC + Maintenance Need (per table) = Monthly Income.

Apply that monthly income by family size to the Sliding Scale table to determine SOC amount.

<u>Family Size</u>	<u>Maintenance Need</u>	<u>Family Size</u>	<u>Maintenance Need</u>
1 person	\$600	3 persons	\$934
2 persons (adult+child)	\$750	4 persons	\$1,100
2 adults	\$934	5 persons	\$1,259