



ATTACHMENT A: NORTH STAR HEALTH MEDICAL AND PHARMACY SLIDING FEE DISCOUNT SCHEDULE									
Federal Poverty Level Guidelines →	At or Below 100% of FPL		101-125% of FPL		126-175% of FPL		176-200% of FPL		Above 200%
Family Size*	100% Free		75% Free		50% Free		25% Free		0% Free
	From	To	From	To	From	To	From	To	More Than
1	\$0	\$13,590	\$13,591	\$16,987	\$16,988	\$23,782	\$23,783	\$27,180	\$27,180
2	\$0	\$18,310	\$18,311	\$22,887	\$22,888	\$32,042	\$32,043	\$36,620	\$36,620
3	\$0	\$23,030	\$23,031	\$28,788	\$28,788	\$40,302	\$40,303	\$46,060	\$46,060
4	\$0	\$27,750	\$27,751	\$34,687	\$34,688	\$48,562	\$48,563	\$55,500	\$55,500
5	\$0	\$32,470	\$32,471	\$40,587	\$40,588	\$56,822	\$56,823	\$64,940	\$64,940
6	\$0	\$37,190	\$37,191	\$46,487	\$46,488	\$65,082	\$65,083	\$74,380	\$74,380
7	\$0	\$41,910	\$41,911	\$52,387	\$52,388	\$73,342	\$73,343	\$83,820	\$83,820
8	\$0	\$46,630	\$46,631	\$58,287	\$58,288	\$81,602	\$81,603	\$93,260	\$93,260

\*For families with more than 8 persons, add \$4,720 for each additional person.

January 21, 2022

**ATTACHMENT B: NORTH STAR HEALTH DENTAL SLIDING FEE DISCOUNT SCHEDULE**

**TIER ONE**

Federal Poverty Level Guidelines →	At or Below 100% of FPL		101-125% of FPL		126-175% of FPL		176-200% of FPL		Above 200%
Family Size*	Patient Pays \$10.00		Patient Pays 25%		Patient Pays 50%		Patient Pays 75%		Patient Pays 100%
	From	To	From	To	From	To	From	To	More Than
1	\$0	\$13,590	\$13,591	\$16,987	\$16,988	\$23,782	\$23,783	\$27,180	\$27,180
2	\$0	\$18,310	\$18,311	\$22,887	\$22,888	\$32,042	\$32,043	\$36,620	\$36,620
3	\$0	\$23,030	\$23,031	\$28,788	\$28,788	\$40,302	\$40,303	\$46,060	\$46,060
4	\$0	\$27,750	\$27,751	\$34,687	\$34,688	\$48,562	\$48,563	\$55,500	\$55,500
5	\$0	\$32,470	\$32,471	\$40,587	\$40,588	\$56,822	\$56,823	\$64,940	\$64,940
6	\$0	\$37,190	\$37,191	\$46,487	\$46,488	\$65,082	\$65,083	\$74,380	\$74,380
7	\$0	\$41,910	\$41,911	\$52,387	\$52,388	\$73,342	\$73,343	\$83,820	\$83,820
8	\$0	\$46,630	\$46,631	\$58,287	\$58,288	\$81,602	\$81,603	\$93,260	\$93,260

**TIER TWO**

Federal Poverty Level Guidelines →	At or Below 100% of FPL		101-125% of FPL		126-175% of FPL		176-200% of FPL		Above 200%
Family Size*	Patient Pays 40%		Patient Pays 50%		Patient Pays 60%		Patient Pays 80%		Patient Pays 100%
	From	To	From	To	From	To	From	To	More Than
1	\$0	\$13,590	\$13,591	\$16,987	\$16,988	\$23,782	\$23,783	\$27,180	\$27,180
2	\$0	\$18,310	\$18,311	\$22,887	\$22,888	\$32,042	\$32,043	\$36,620	\$36,620
3	\$0	\$23,030	\$23,031	\$28,788	\$28,788	\$40,302	\$40,303	\$46,060	\$46,060
4	\$0	\$27,750	\$27,751	\$34,687	\$34,688	\$48,562	\$48,563	\$55,500	\$55,500
5	\$0	\$32,470	\$32,471	\$40,587	\$40,588	\$56,822	\$56,823	\$64,940	\$64,940
6	\$0	\$37,190	\$37,191	\$46,487	\$46,488	\$65,082	\$65,083	\$74,380	\$74,380
7	\$0	\$41,910	\$41,911	\$52,387	\$52,388	\$73,342	\$73,343	\$83,820	\$83,820
8	\$0	\$46,630	\$46,631	\$58,287	\$58,288	\$81,602	\$81,603	\$93,260	\$93,260

\*For families with more than 8 persons, add \$4,720 for each additional person.

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