



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	\$14,580	\$14,581	\$18,225	\$18,226	\$25,515	\$25,516	\$29,160	\$29,161
2	\$0	\$19,720	\$19,721	\$24,650	\$24,651	\$34,510	\$34,511	\$39,440	\$39,441
3	\$0	\$24,860	\$24,861	\$31,075	\$31,076	\$43,505	\$43,506	\$49,720	\$49,721
4	\$0	\$30,000	\$30,001	\$37,500	\$37,501	\$52,500	\$52,501	\$60,000	\$60,001
5	\$0	\$35,140	\$35,141	\$43,925	\$43,926	\$61,495	\$61,496	\$70,280	\$70,281
6	\$0	\$40,280	\$40,281	\$50,350	\$50,351	\$70,490	\$70,491	\$80,560	\$80,561
7	\$0	\$45,420	\$45,421	\$56,775	\$56,776	\$79,485	\$79,486	\$90,840	\$90,841
8	\$0	\$50,560	\$50,561	\$63,200	\$63,201	\$88,480	\$88,481	\$101,120	\$101,121

***For families with more than 8 persons, add \$5,140 for each additional person.**

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	\$14,580	\$14,581	\$18,225	\$18,226	\$25,515	\$25,516	\$29,160	\$29,161
2	\$0	\$19,720	\$19,721	\$24,650	\$24,651	\$34,510	\$34,511	\$39,440	\$39,441
3	\$0	\$24,860	\$24,861	\$31,075	\$31,076	\$43,505	\$43,506	\$49,720	\$49,721
4	\$0	\$30,000	\$30,001	\$37,500	\$37,501	\$52,500	\$52,501	\$60,000	\$60,001
5	\$0	\$35,140	\$35,141	\$43,925	\$43,926	\$61,495	\$61,496	\$70,280	\$70,281
6	\$0	\$40,280	\$40,281	\$50,350	\$50,351	\$70,490	\$70,491	\$80,560	\$80,561
7	\$0	\$45,420	\$45,421	\$56,775	\$56,776	\$79,485	\$79,486	\$90,840	\$90,841
8	\$0	\$50,560	\$50,561	\$63,200	\$63,201	\$88,480	\$88,481	\$101,120	\$101,121

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% plus 100% of lab fees and supplies		Patient Pays 50% plus 100% of lab fees and supplies		Patient Pays 60% plus 100% of lab fees and supplies		Patient Pays 80% plus 100% of lab fees and supplies		Patient Pays 100%
	From	To	From	To	From	To	From	To	More Than
1	\$0	\$14,580	\$14,581	\$18,225	\$18,226	\$25,515	\$25,516	\$29,160	\$29,161
2	\$0	\$19,720	\$19,721	\$24,650	\$24,651	\$34,510	\$34,511	\$39,440	\$39,441
3	\$0	\$24,860	\$24,861	\$31,075	\$31,076	\$43,505	\$43,506	\$49,720	\$49,721
4	\$0	\$30,000	\$30,001	\$37,500	\$37,501	\$52,500	\$52,501	\$60,000	\$60,001
5	\$0	\$35,140	\$35,141	\$43,925	\$43,926	\$61,495	\$61,496	\$70,280	\$70,281
6	\$0	\$40,280	\$40,281	\$50,350	\$50,351	\$70,490	\$70,491	\$80,560	\$80,561
7	\$0	\$45,420	\$45,421	\$56,775	\$56,776	\$79,485	\$79,486	\$90,840	\$90,841
8	\$0	\$50,560	\$50,561	\$63,200	\$63,201	\$88,480	\$88,481	\$101,120	\$101,121

***For families with more than 8 persons, add \$5,140 for each additional person.**