



North Star
HEALTH

MEDICAL & PHARMACY

SLIDING FEE DISCOUNT SCHEDULE



	<=100% FPG		101-125% FPG		126-175% FPG		176-200% FPG		>200% FPG
Fam	100% Free		75% Free		50% Free		25% Free		0% Free
	From	To	From	To	From	To	From	To	More Than
1	\$0	\$15,060	\$15,061	\$18,825	\$18,826	\$26,355	\$26,356	\$30,120	\$30,121
2	\$0	\$20,440	\$20,441	\$25,550	\$25,551	\$35,770	\$35,771	\$40,880	\$40,881
3	\$0	\$25,820	\$25,821	\$32,275	\$32,276	\$45,185	\$45,186	\$51,640	\$51,641
4	\$0	\$31,200	\$31,201	\$39,000	\$39,001	\$54,600	\$54,601	\$62,400	\$62,401
5	\$0	\$36,580	\$36,581	\$45,725	\$45,726	\$64,015	\$64,016	\$73,160	\$73,161
6	\$0	\$41,960	\$41,961	\$52,450	\$52,451	\$73,430	\$73,431	\$83,920	\$83,921
7	\$0	\$47,340	\$47,341	\$59,175	\$59,176	\$82,845	\$82,846	\$94,680	\$94,681
8	\$0	\$52,720	\$52,721	\$65,900	\$65,901	\$92,260	\$92,261	\$105,440	\$105,441

For families with more than 8 persons, add \$5,380 for each additional person