



**North Star**  
HEALTH

**MEDICAL**

**SLIDING FEE DISCOUNT SCHEDULE**



	<=100% FPG		101-125% FPG		126-175% FPG		176-200% FPG		>200% FPG
#	100% Free		75% Free		50% Free		25% Free		0% Free
	From	To	From	To	From	To	From	To	More Than
1	\$0	\$15,650	\$15,651	\$19,563	\$19,564	\$27,388	\$27,389	\$31,300	\$31,301
2	\$0	\$21,150	\$21,151	\$26,438	\$26,439	\$37,013	\$37,014	\$42,300	\$42,301
3	\$0	\$26,650	\$26,651	\$33,313	\$33,314	\$46,638	\$46,639	\$53,300	\$53,301
4	\$0	\$32,150	\$32,151	\$40,188	\$40,189	\$56,263	\$56,264	\$64,300	\$64,301
5	\$0	\$37,650	\$37,651	\$47,063	\$47,064	\$65,888	\$65,889	\$75,300	\$75,301
6	\$0	\$43,150	\$43,151	\$53,938	\$53,939	\$75,513	\$75,514	\$86,300	\$86,301
7	\$0	\$48,650	\$48,651	\$60,813	\$60,814	\$85,138	\$85,139	\$97,300	\$97,301
8	\$0	\$54,150	\$54,151	\$67,688	\$67,689	\$94,763	\$94,764	\$108,300	\$108,301

For families with more than 8 persons, add \$5,500 for each additional person

1/16/2025