## 2024 Thresholds Sliding Fee Discount by Pay Class, Percent Poverty, and Annual Income

Federal Poverty Level (FPL)*	Income 100% or below FPL	Income between 101-125% of FPL	Income between 126-175% of FPL		Income between 201- 250% of FPL	Income 251% or greater of FPL
Family	No					
Size	Charge	\$5	\$10	\$15	\$50	No discount/Full fee
1	\$15,060	\$18,825	\$26,355	\$30,120	\$37,650	\$37,651
2	\$20,440	\$25,550	\$35,770	\$40,880	\$51,100	\$51,101
3	\$25,820	\$32,275	\$45,185	\$51,640	\$64,550	\$64,551
4	\$31,200	\$39,000	\$54,600	\$62,400	\$78,000	\$78,001
5	\$36,580	\$45,725	\$64,015	\$73,160	\$91,450	\$91,451
6	\$41,960	\$52,450	\$73,430	\$83,920	\$104,900	\$104,901
7	\$47,340	\$59,175	\$82,845	\$94,680	\$118,350	\$118,351
8	\$52,720	\$65,900	\$92,260	\$105,440	\$131,800	\$131,801
For famili	es/househo	olds with more	e than 8 persons, ac	dd \$5,380 for each addi	tional person	

<sup>\*</sup>Based on 2024 HHS Poverty Guidelines

https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines