



Sliding Fee Scale

Revised 02.18.25

Plan	A	B	C	D	F *
Federal Pov. Level	100%	101% - 150%	151% - 175%	175% - 200%	> 200%
Discount **	100%	75%	50%	25%	0%
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	Under \$15,650	\$15,651 to \$23,475	\$23,476 to \$27,388	\$27,389 to \$31,300	Greater than \$31,301
2	Under \$21,150	\$21,151 to \$31,725	\$31,726 to \$37,013	\$37,014 to \$42,300	Greater than \$42,301
3	Under \$26,650	\$26,651 to \$39,975	\$39,976 to \$46,638	\$46,639 to \$53,300	Greater than \$53,301
4	Under \$32,150	\$32,151 to \$48,225	\$48,226 to \$56,263	\$56,264 to \$64,300	Greater than \$64,301
5	Under \$37,650	\$37,651 to \$56,475	\$56,476 to \$65,888	\$65,889 to \$75,300	Greater than \$75,301
6	Under \$43,150	\$43,151 to \$64,725	\$64,726 to \$75,513	\$75,514 to \$86,300	Greater than \$86,301
7	Under \$48,650	\$48,651 to \$72,975	\$72,976 to \$85,138	\$85,139 to \$97,300	Greater than \$97,301
8	Under \$54,150	\$54,151 to \$81,225	\$81,226 to \$94,763	\$94,764 to \$108,300	Greater than \$108,301

***Full Fee Plan. Fees are based on Ramey-Estep/Re-group's usual and customary reimbursement.**

****Discount is a percentage of the full fee.**