

**Affinity Health Center
Pharmacy Discounted Fee Schedule 2024**

Number in Household Annual At or below 100% Scale 1 - Annual Income 101% - 125% Poverty Level Scale 2 - Annual Income 126% - 150% Poverty Scale 3 - Annual Income 151% - 175% Poverty Scale 4 - Annual Income 176% - 200% Poverty Scale 5 - Annual Income Above 200% Poverty

	Acquisition Cost	Acquisition Cost + \$1.00	Acquisition Cost + \$1.50	Acquisition Cost + \$2.00	Acquisition Cost + \$2.50	Acquisition Cost + \$3.00
1	\$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121
2	\$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881
3	\$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641
4	\$31,200	\$31,201 - \$39,000	\$39,001 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401
5	\$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161
6	\$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921
7	\$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681
8	\$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441

Number in Household Monthly Guidelines Scale 1 - Monthly Income 101% - 125% Poverty Level Scale 2 - Monthly Income 126% - 150% Poverty Scale 3 - Monthly Income 151% - 175% Poverty Scale 4 - Monthly Income 176% - 200% Poverty Scale 5 - Monthly Income Above 200% Poverty

	Acquisition Cost	Acquisition Cost + \$1.00	Acquisition Cost + \$1.50	Acquisition Cost + \$2.00	Acquisition Cost + \$2.50	Acquisition Cost + \$3.00
1	\$1,255.00	\$1,255.01 - \$1,568.75	\$1,568.76 - \$1,882.50	\$1,882.51 - \$2,196.25	\$2,196.26 - \$2,510.00	\$2,510.01
2	\$1,703.33	\$1,703.34 - \$2,129.17	\$2,129.18 - \$2,555.00	\$2,555.01 - \$2,980.83	\$2,980.84 - \$3,406.67	\$3,406.68
3	\$2,151.67	\$2,151.68 - \$2,689.58	\$2,689.59 - \$3,227.50	\$3,227.51 - \$3,765.42	\$3,765.43 - \$4,303.33	\$4,303.34
4	\$2,600.00	\$2,600.01 - \$3,250.00	\$3,250.01 - \$3,900.00	\$3,900.01 - \$4,550.00	\$4,550.01 - \$5,200.00	\$5,200.01
5	\$3,048.33	\$3,048.34 - \$3,810.42	\$3,810.43 - \$4,572.50	\$4,572.51 - \$5,334.58	\$5,334.59 - \$6,096.67	\$6,096.68
6	\$3,496.67	\$3,496.68 - \$4,370.83	\$4,370.84 - \$5,245.00	\$5,245.01 - \$6,119.17	\$6,119.18 - \$6,993.33	\$6,993.34
7	\$3,945.00	\$3,945.01 - \$4,931.25	\$4,931.26 - \$5,917.50	\$5,917.51 - \$6,903.75	\$6,903.76 - \$7,890.00	\$7,890.01
8	\$4,393.33	\$4,393.34 - \$5,491.67	\$5,491.68 - \$6,590.00	\$6,590.01 - \$7,688.33	\$7,688.34 - \$8,786.67	\$8,786.68

Discounted Fee Schedule applicable to all medications not on the \$4 generic formulary with the exception of Schedule II, III and IV medications. Patients will be charged the higher of sliding fee or \$10 for all Schedule II, III and IV medications.

Income includes: earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

** Noncash benefits (such as food stamps and housing subsidies) **do not** count.

** Calculations are before taxes.

** Excludes capital gains or losses

** Based on 2024 Federal Poverty Guidelines. Additional household members are calculated at \$5,380 per person.

** Any patients withholding income verification will be assigned the full pay amount.