## **EFFECTIVE DATE: July 1, 2025**

## MARYLAND DEPARTMENT OF HEALTH ABILITY TO PAY SCHEDULE OUTPATIENT SERVICES FY2026

GROSS ANN	ΛE				NUMBER C	F FAMILY N	MEMBERS					
воттом	TOP	<u>1</u> –	<u> </u>	<del>-</del> -	<del>-</del> -	<del>-</del> -	<del>-</del> <del>-</del> <del>-</del>	<del>-</del> -	<del>-</del> 8	<del>-</del> -		
_	_			ELIGIBLE F	OR MEDICAL	L ASSISTAN	ICE				_	
0	8,790											
8,791	8,910	\$5										
8,911	9,810	\$5 <b>'</b>	\$5					(Clients	with income	e above this	line should have	
9,811	10,520	\$5	\$5 <u> </u>	\$5				a Me	edical Assist	ance card. If	f not, instruct	
10,521	11,230	\$5	\$5	\$5 <u> </u>	\$5			the	m to go to S	ocial Service	es to apply).	
11,231	11,940	\$5	\$5	\$5	\$5 <u> </u>	\$5 ▲		•				
11,941	12,650	\$5	\$5	\$5	\$5	\$5 <u> </u>	\$5					
12,651	13,360	\$5	\$5	\$5	\$5	\$5	\$5 <b></b>	\$5				
13,361	14,070	\$5	\$5	\$5	\$5	\$5	\$5	\$5 <u> </u>	\$5			
14,071	14,780	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5 <sup></sup>	\$5		
14,781	15,650	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5 <sup></sup>	\$5	
15,651	18,400	<u> 5%</u>	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	<b>\$</b> 5	
18,401	21,150	10%	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	<b>\$5</b>	
21,151	22,984	15%	5%	\$5	\$5	\$5	<b>\$5</b>	<b>\$5</b>	\$5	\$5	\$5	
22,985	24,819	20%	10%	<b>\$5</b>	\$5	\$5	\$5	<b>\$5</b>	\$5	\$5	\$5	
24,820	26,650	25%	15%	\$5	<b>\$5</b>	\$5	\$5	<b>\$5</b>	\$5	\$5	\$5	
26,651	29,400	30%	20%	10%	<b>\$5</b>	\$5 0.5	\$5 0.5	\$5 *5	<b>\$5</b>	\$5 0.5	<b>\$5</b>	
29,401	32,150	35%	25%	15%	\$5	\$5 0.5	\$5 0.5	\$5 *5	\$5 *5	\$5 0.5	\$5 *5	
32,151 34,901	<b>34,900</b> 37,650	40% 50%	30% 35%	20%  25%	10% 15%	\$5 \$5	\$5 \$5	\$5 \$5	\$5 \$5	\$5 \$5	\$5 \$5	
34,901 37,651	<b>40,400</b>	60%	40%	25 % 30%	20%	10%	\$5 \$5	\$5 \$5	\$5 \$5	\$5 \$5	\$5 \$5	
40,401	43,150	70%	40% 45%	30 <i>%</i> 35%	20% <u> </u>	15%	\$5 \$5	ээ \$5	ээ \$5	ээ \$5	ээ \$5	
43,151	<b>45,900</b>	80%	50%	40%	30%	20%	10%	\$5	\$5 \$5	\$5 \$5	\$5	
45,901	48,650	90%	55%	45%	35%	25%	15%	\$5	\$5 \$5	\$5 \$5	\$5 \$5	
48,651	51,400	100%	60%	50%	40%	30%	20%	10%	<b>\$5</b>	<b>\$</b> 5	\$5	
51,401	54,150	100%	70%	55%	45%	35%	25%	15%	\$5	\$5	\$5	
54,151	56,900	100%	80%	60%	50%	40%	30%	20%	10%	\$5	\$5	
56,901	59,650	100%	90%	65%	55%	45%	35%	25%	15%	\$5	\$5	
59,651	62,400	100%	100%	70%	60%	50%	40%	30%	20%	10%	\$5	
62,401	65,150	100%	100%	75%	65%	55%	45%	35%	25%	15%	\$5	
65,151	68,626	100%	100%	80%	70%	60%	50%	40%	30%	20%	10%	
68,627	72,101	100%	100%	90%	75%	65%	55%	45%	35%	25%		F POVERT
72,102	75,574	100%	100%	100%	80%	70%	60%	50%	40%	30%		LINE
75,575	77,941	100%	100%	100%	85%	75%	65%	55%	45%	35% ်	25%	

77,942	80,308	100%	100%	100%	90%	80%	70%	60%	50%	40%	30%	116% OF POVERTY LINE
80,309	82,675	100%	100%	100%	100%	90%	80%	65%	55%	45%	35%	FOR MEDICAID PARENTS
82,676	85,042	100%	100%	100%	100%	100%	90%	70%	60%	50%	40%	
85,043	87,409	100%	100%	100%	100%	100%	100%	80%	65%	55%	45%	
87,410	89,776	100%	100%	100%	100%	100%	100%	90%	70%	60%	50%	
89,777	92,143	100%	100%	100%	100%	100%	100%	95%	75%	65%	55%	
92,144	94,510	100%	100%	100%	100%	100%	100%	100%	80%	70%	60%	
94,511	96,877	100%	100%	100%	100%	100%	100%	100%	85%	75%	65%	
96,878	99,244	100%	100%	100%	100%	100%	100%	100%	90%	80%	70%	
99,245	101,611	100%	100%	100%	100%	100%	100%	100%	95%	85%	75%	
101,612	103,978	100%	100%	100%	100%	100%	100%	100%	100%	90%	80%	
103,979	106,345	100%	100%	100%	100%	100%	100%	100%	100%	95%	85%	
106,346	108,712	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	
108,713	111,079	100%	100%	100%	100%	100%	100%	<b>, 100%</b>	100%	100%	95%	
111,080	113,446	100%	100%	100%	100%	100%	100%	<b>100%</b>	100%	100%	100%	
113,447	115,813	100%	100%	100%	100%	100%	100%	/ 100%	100%	100%	100%	
115,814	118,180	100%	100%	100%	100%	100%	100%	/ 100%	100%	100%	100%	
118,181	120,528	100%	100%	100%	100%	100%	100% /	100%	100%	100%	100%	
							/	•				
							ESTIMATE	D 250% of P	OVERTY			

ESTIMATED 185% OF POVERTY LINE
(Clients with income above this line
are possibly eligible for W.I.C. and or other
financial assistance)

THE MINIMUM CHARGE FOR INDIVIDUALS WITH INCOMES LESS THAN 100% OF POVERTY WILL BE \$5.00, EXCEPT

**CURRENT POVERTY SCALE PER FEDERAL REGISTER** 

INDIVIDUALS WITH INCOMES BELOW THE FEDERAL POVERTY LINE MAY NOT BE ASSESSED A
FEE FOR FAMILY PLANNING SERVICES AND RYAN WHITE.

THE MINIMUM CHARGE FOR INDIVIDUALS WITH INCOMES MORE THAN 100% OF POVERTY WILL BE \$8.00

NO ONE WILL BE DENIED SERVICE DUE TO INABILITY TO PAY.

THE FEE AS DETERMINED BY THIS ABILITY-TO-PAY SCALE SHALL BE THE PERCENTAGE APPLIED TO THE TOTAL COST OF THE SERVICES AS ESTABLISHED BY COST ACCOUNTING & REIMBURSMENT

DWI EDUCATION PROGRAMS APPROVED BY THE ALCOHOL AND DRUG ABUSE ADM. ARE NOT SUBJECT TO THE SLIDING FEE SCALE.

	100% of	116% of	185% of	250% of
Family Size	Poverty	Poverty	Poverty	Poverty
1	15,650	18,154	28,953	39,125
2	21,150	24,534	39,128	52,875
3	26,650	30,914	49,303	66,625
4	32,150	37,294	59,478	80,375
5	37,650	43,674	69,653	94,125
6	43,150	50,054	79,828	107,875
7	48,650	56,434	90,003	121,625
8	54,150	62,814	100,178	135,375
9	59,650	69,194	110,353	149,125
10	65,150	75,574	120,528	162,875
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