

TIOGA MEDICAL CENTER

SLIDING FEE SCHEDULE

2026

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$15,960	\$17,556	\$19,152	\$20,748	\$22,344	\$23,940	\$25,536	\$27,132	\$28,728	\$30,324	\$31,920	\$31,921
2	\$21,640	\$23,804	\$25,968	\$28,132	\$30,296	\$32,460	\$34,624	\$36,788	\$38,952	\$41,116	\$43,280	\$43,281
3	\$27,320	\$30,052	\$32,784	\$35,516	\$38,248	\$40,980	\$43,712	\$46,444	\$49,176	\$51,908	\$54,640	\$54,641
4	\$33,000	\$36,300	\$39,600	\$42,900	\$46,200	\$49,500	\$52,800	\$56,100	\$59,400	\$62,700	\$66,000	\$66,001
5	\$38,680	\$42,548	\$46,416	\$50,284	\$54,152	\$58,020	\$61,888	\$65,756	\$69,624	\$73,492	\$77,360	\$77,361
6	\$44,360	\$48,796	\$53,232	\$57,668	\$62,104	\$66,540	\$70,976	\$75,412	\$79,848	\$84,284	\$88,720	\$88,721
7	\$50,040	\$55,044	\$60,048	\$65,052	\$70,056	\$75,060	\$80,064	\$85,068	\$90,072	\$95,076	\$100,080	\$100,081
8	\$55,720	\$61,292	\$66,864	\$72,436	\$78,008	\$83,580	\$89,152	\$94,724	\$100,296	\$105,868	\$111,440	\$111,441
For each additional person, add	\$5,680	\$6,248	\$6,816	\$7,384	\$7,952	\$8,520	\$9,088	\$9,656	\$10,224	\$10,792	\$11,360	\$11,361

<https://aspe.hhs.gov/poverty-guidelines>