

REVISED:		Eastern Aleutian Tribes										
February 9, 2024		2024 Sliding Fee Discount Schedule										
Poverty Level %	100%	101% to 150%			151% to 175%			176% to 200%			> 200%	
Discount:	Nominal Fee											
	20M/40D/O	75% Discount			50% Discount			25% Discount			No Discount	
Annual Income Table	Based on Family Size	\$ 18,810 for a family of one										
		\$ 6,730 for each additional family member										
	Poverty Guidelines for Alaska Annual Income											
	1	\$18,810	18,811	-	28,215	28,216	-	32,918	32,919	-	37,620	37,621
	2	\$25,540	25,541	-	38,310	38,311	-	44,695	44,696	-	51,080	51,081
	3	\$32,270	32,271	-	48,405	48,406	-	56,473	56,474	-	64,540	64,541
	4	\$39,000	39,001	-	58,500	58,501	-	68,250	68,251	-	78,000	78,001
	5	\$45,730	45,731	-	68,595	68,596	-	80,028	80,029	-	91,460	91,461
	6	\$52,460	52,461	-	78,690	78,691	-	91,805	91,806	-	104,920	104,921
	7	\$59,190	59,191	-	88,785	88,786	-	103,583	103,584	-	118,380	118,381
	8	\$65,920	65,921	-	98,880	98,881	-	115,360	115,361	-	131,840	131,841
9	\$72,650	72,651	-	108,975	108,976	-	127,138	127,139	-	145,300	145,301	
10	\$79,380	79,381	-	119,070	119,071	-	138,915	138,916	-	158,760	158,761	
For families/households with more than 8 persons, add \$6,730 for each additional person												
100% Sliding Discount for Nominal for Medical and BHS is \$20 for Dental, Optometry and Physical Therapy is \$40												

* [Based on 2024 Federal Poverty Guidelines](#)

Revised 02/9/2024