

Revised:		Eastern Aleutian Tribes 2025 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	\$19,550 for a family of one							
		\$6,880 for each additional family member							
		Poverty Guidelines for Alaska Annual Income							
	1	19,550	19,551 – 29,325		29,326 – 34,212		34,213 – 39,100		39,101
	2	26,430	26,431 – 39,645		39,646 – 46,252		46,253 – 52,860		52,861
	3	33,310	33,311 – 49,965		49,966 – 58,292		58,293 – 66,620		66,621
	4	40,190	40,191 – 60,285		60,286 – 70,332		70,333 – 80,380		80,381
	5	47,070	47,071 – 70,605		70,606 – 82,372		82,373 – 94,140		94,141
	6	53,950	53,951 – 80,925		80,926 – 94,412		94,413 – 107,900		107,901
	7	60,830	60,831 – 91,245		91,246 – 106,452		106,453 – 121,660		121,661
	8	67,710	67,711 – 101,565		101,566 – 118,492		118,493 – 135,420		135,421
	9	74,590	74,591 – 111,885		111,886 – 130,532		130,533 – 149,180		149,181
	10	81,470	81,471 – 122,205		122,206 – 142,572		142,573 – 162,940		162,941
	For families/households with more than 10 persons, add \$6880 for each additional person								
100% Sliding Discount for Nominal Charge for Medical and BH is \$20; for Dental, Optometry and Physical Therapy is \$40									

[Based on 2025 Federal Poverty Guidelines](#)