

TREASURE COAST COMMUNITY HEALTH, INC.
SLIDING SCALE DISCOUNT INCOME/FAMILY SIZE CHART
MONTHLY INCOMES
EFFECTIVE MARCH 1, 2026

PAY CATEGORY FAMILY SIZE	A	B	C	D	E	Full Pay 100%	Presumptive Medicaid Eligibility	Medicaid Target Group
	Discount Varies with Service Line							
	Minimum							
1	1,330	1,331	1,664	1,996	2,329	>2,660	<2,461	<1,769
		1,663	1,995	2,328	2,660			
2	1,803	1,804	2,255	2,706	3,157	>3,607	<3,336	<2,398
		2,254	2,705	3,156	3,607			
3	2,277	2,278	2,847	3,416	3,985	>4,553	<4,212	<3,028
		2,846	3,415	3,984	4,553			
4	2,750	2,751	3,439	4,126	4,814	>5,500	<5,088	<3,658
		3,438	4,125	4,813	5,500			
5	3,223	3,224	4,030	4,836	5,642	>6,447	<5,963	<4,287
		4,029	4,835	5,641	6,447			
6	3,697	3,698	4,622	5,546	6,470	>7,393	<6,839	<4,917
		4,621	5,545	6,469	7,393			
7	4,170	4,171	5,214	6,256	7,299	>8,340	<7,715	<5,546
		5,213	6,255	7,298	8,340			
8	4,643	4,644	5,805	6,966	8,127	>9,287	<8,590	<6,176
		5,804	6,965	8,126	9,287			
9	5,117	5,118	6,397	7,676	8,955	>10,233	<9,466	<6,805
		6,396	7,675	8,954	10,233			
10	5,590	5,591	6,989	8,386	9,784	>11,180	<10,342	<7,435
		6,988	8,385	9,783	11,180			
Percent of Poverty	100% & Below	101- 125%	126- 150%	151- 175%	176- 200%	More Than 200%	Less than 185%	Less than 133%

The Current Nominal Payment is \$25.00
For Families over 10 members, add \$473.33 for each additional family member.
Presumptive Eligibility: For families over 10 members, add \$876 for each additional member.
Target Group: For family size with over 10 members, add \$630 for each additional member.