



Honor Community Health CARES Sliding Fee Discount Scale
2026 Pharmacy Services

Slide Category		A	B	C	D	N/A
Poverty Level		0 - 100%	101 - 150%	151 - 175%	176 - 200%	> 200%
Pharmacy Services	Required Fee per family member, per visit	Dispensing Fee \$1 (plus 340B drug cost)	Dispensing Fee \$2 (plus 340B drug cost)	Dispensing Fee \$3 (plus 340B drug cost)	Dispensing Fee \$4 (plus 340B drug cost)	100% of Charges
FAMILY SIZE						
1	Annual(up to)	\$ 15,960.00	\$ 23,940.00	\$ 27,930.00	\$ 31,920.00	\$ 31,921.00
	Monthly	\$ 1,330.00	\$ 1,995.00	\$ 2,327.50	\$ 2,660.00	\$ 2,661.00
	Weekly	\$ 306.92	\$ 460.38	\$ 537.12	\$ 613.85	\$ 614.85
2	Annual(up to)	\$ 21,640.00	\$ 32,460.00	\$ 37,870.00	\$ 43,280.00	\$ 43,281.00
	Monthly	\$ 1,803.33	\$ 2,705.00	\$ 3,155.83	\$ 3,606.67	\$ 3,607.67
	Weekly	\$ 416.15	\$ 624.23	\$ 728.27	\$ 832.31	\$ 833.31
3	Annual(up to)	\$ 27,320.00	\$ 40,980.00	\$ 47,810.00	\$ 54,640.00	\$ 54,641.00
	Monthly	\$ 2,276.67	\$ 3,415.00	\$ 3,984.17	\$ 4,553.33	\$ 4,554.33
	Weekly	\$ 525.38	\$ 788.08	\$ 919.42	\$ 1050.77	\$ 1,051.77
4	Annual(up to)	\$ 33,000.00	\$ 49,500.00	\$ 57,750.00	\$ 66,000.00	\$ 66,001.00
	Monthly	\$ 2,750.00	\$ 4,125.00	\$ 4,812.50	\$ 5,500.00	\$ 5,501.00
	Weekly	\$ 634.62	\$ 951.92	\$ 1110.58	\$ 1269.23	\$ 1,270.23
5	Annual(up to)	\$ 38,680.00	\$ 58,020.00	\$ 67,690.00	\$ 77,360.00	\$ 77,361.00
	Monthly	\$ 3,223.33	\$ 4,835.00	\$ 5,640.83	\$ 6,446.67	\$ 6,447.67
	Weekly	\$ 743.85	\$ 1115.77	\$ 1301.73	\$ 1487.69	\$ 1,488.69
6	Annual(up to)	\$ 44,360.00	\$ 66,540.00	\$ 77,630.00	\$ 88,720.00	\$ 88,721.00
	Monthly	\$ 3,696.67	\$ 5,545.00	\$ 6,469.17	\$ 7,393.33	\$ 7,394.33
	Weekly	\$ 853.08	\$ 1279.62	\$ 1492.88	\$ 1706.15	\$ 1,707.15
7	Annual(up to)	\$ 50,040.00	\$ 75,060.00	\$ 87,570.00	\$ 100,080.00	\$ 100,081.00
	Monthly	\$ 4,170.00	\$ 6,255.00	\$ 7,297.50	\$ 8,340.00	\$ 8,341.00
	Weekly	\$ 962.31	\$ 1443.46	\$ 1684.04	\$ 1924.62	\$ 1,925.62
8	Annual(up to)	\$ 55,720.00	\$ 83,580.00	\$ 97,510.00	\$ 111,440.00	\$ 111,441.00
	Monthly	\$ 4,643.33	\$ 6,965.00	\$ 8,125.83	\$ 9,286.67	\$ 9,287.67
	Weekly	\$ 1071.54	\$ 1607.31	\$ 1875.19	\$ 2143.08	\$ 2,144.08
Each Additional Person	Annual(up to)	\$ 5,680.00	\$ 8,520.00	\$ 9,940.00	\$ 11,360.00	\$ 11,361.00
	Monthly	\$ 473.33	\$ 710.00	\$ 828.33	\$ 946.67	\$ 947.67
	Weekly	\$ 109.23	\$ 163.85	\$ 191.15	\$ 218.46	\$ 219.46

Updated using Federal Poverty Guidelines for 2026 (published in February 2026)

Contraceptive devices are a separate fee in addition to the nominal fee or discounted fee.