



## Thomas H Boyd Memorial Hospital

### d/b/a Boyd Healthcare Services

800 School Street Carrollton, IL 62016 (217)942-6946

### 2025 SLIDING FEE SCHEDULE

Maximum Annual Income Amounts for each Sliding Fee Percentage Category

Poverty Level*	100%	101-200%	201-250%	251-300%	>300%
Family Size	100% discount	100% discount	75% discount	50% discount	0% discount
1	\$ 15,650	\$ 31,300	\$ 39,125	\$ 46,950	\$ 46,950
2	\$ 21,150	\$ 42,300	\$ 52,875	\$ 63,450	\$ 63,450
3	\$ 26,650	\$ 53,300	\$ 66,625	\$ 79,950	\$ 79,950
4	\$ 32,150	\$ 64,300	\$ 80,375	\$ 96,450	\$ 96,450
5	\$ 37,650	\$ 75,300	\$ 94,125	\$ 112,950	\$ 112,950
6	\$ 43,150	\$ 86,300	\$ 107,875	\$ 129,450	\$ 129,450
7	\$ 48,650	\$ 97,300	\$ 121,625	\$ 145,950	\$ 145,950
8	\$ 54,150	\$ 108,300	\$ 135,375	\$ 162,450	\$ 162,450
For each additional person, add	\$ 5,500	\$ 11,000	\$ 13,750	\$ 16,500	\$ 16,500

The 2025 poverty guidelines are in effect as of January 2025.

\*Based on Federal Poverty Guidelines (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>)

