



Emergence Health Network

2025 Sliding Fee Scale

Federal Poverty Income Level Guidelines

2025 HHSC Substance Use Disorder Financial Eligibility Sliding Scale

Family Size	Income From/To	0 to 100% FPIL	>100% to 133% FPIL	>133% to 185% FPIL	>185% to 200% FPIL	>200% to 225% FPIL	>225% to 250% FPIL	>250% to 275% FPIL	>275% to 300% FPIL	>300% to 325% FPIL	>325% to 350% FPIL	>350% FPIL
		1	From	\$0	\$15,651	\$20,816	\$28,954	\$31,301	\$35,214	\$39,126	\$43,039	\$46,951
	To	\$15,650	\$20,815	\$28,953	\$31,300	\$35,213	\$39,125	\$43,038	\$46,950	\$50,863	\$54,775	and over
2	From	\$0	\$21,151	\$28,131	\$39,129	\$42,301	\$47,589	\$52,876	\$58,164	\$63,451	\$68,739	\$74,026
	To	\$21,150	\$28,130	\$39,128	\$42,300	\$47,588	\$52,875	\$58,163	\$63,450	\$68,738	\$74,025	and over
3	From	\$0	\$26,651	\$35,446	\$49,304	\$53,301	\$59,964	\$66,626	\$73,289	\$79,951	\$86,614	\$93,276
	To	\$26,650	\$35,445	\$49,303	\$53,300	\$59,963	\$66,625	\$73,288	\$79,950	\$86,613	\$93,275	and over
4	From	\$0	\$32,151	\$42,761	\$59,479	\$64,301	\$72,339	\$80,376	\$88,414	\$96,451	\$104,489	\$112,526
	To	\$32,150	\$42,760	\$59,478	\$64,300	\$72,338	\$80,375	\$88,413	\$96,450	\$104,488	\$112,525	and over
5	From	\$0	\$37,651	\$50,076	\$69,654	\$75,301	\$84,714	\$94,126	\$103,539	\$112,951	\$122,364	\$131,776
	To	\$37,650	\$50,075	\$69,653	\$75,300	\$84,713	\$94,125	\$103,538	\$112,950	\$122,363	\$131,775	and over
6	From	\$0	\$43,151	\$57,391	\$79,829	\$86,301	\$97,089	\$107,876	\$118,664	\$129,451	\$140,239	\$151,026
	To	\$43,150	\$57,390	\$79,828	\$86,300	\$97,088	\$107,875	\$118,663	\$129,450	\$140,238	\$151,025	and over
7	From	\$0	\$48,651	\$64,706	\$90,004	\$97,301	\$109,464	\$121,626	\$133,789	\$145,951	\$158,114	\$170,276
	To	\$48,650	\$64,705	\$90,003	\$97,300	\$109,463	\$121,625	\$133,788	\$145,950	\$158,113	\$170,275	and over
8	From	\$0	\$54,151	\$72,021	\$100,179	\$108,301	\$121,839	\$135,376	\$148,914	\$162,451	\$175,989	\$189,526
	To	\$54,150	\$72,020	\$100,178	\$108,300	\$121,838	\$135,375	\$148,913	\$162,450	\$175,988	\$189,525	and over
For each additional person, add		\$5,500	\$5,500	\$7,315	\$10,175	\$11,000	\$12,375	\$13,750	\$15,125	\$16,500	\$17,875	n/a
Client Fee		0%	0%	0%	0%	10%	20%	35%	50%	65%	80%	100%
HHSC Portion		100%	100%	100%	100%	90%	80%	65%	50%	35%	20%	0%

Based on the U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs, as published by the Office of the Assistant Secretary for Planning and Evaluation of the U.S. Department of Health & Human Services (<https://aspe.hhs.gov/poverty-guidelines>)

