



# Emergence Health Network

## 2026 Sliding Fee Scale



**Federal Poverty Income Level Guidelines**  
**2026 HHSC Substance Use Disorder Financial Eligibility Sliding Scale**

Family Size	Income From/To	0 to 100%	>100% to 133%	>133% to 185%	>185% to 200%	>200% to 225%	>225% to 250%	>250% to 275%	>275% to 300%	>300% to 325%	>325% to 350%	>350%
		FPIL	FPIL	FPIL	FPIL	FPIL	FPIL	FPIL	FPIL	FPIL	FPIL	FPIL
1	From	\$0	\$15,961	\$21,228	\$29,527	\$31,921	\$35,911	\$39,901	\$43,891	\$47,881	\$51,871	\$55,861
	To	\$15,960	\$21,227	\$29,526	\$31,920	\$35,910	\$39,900	\$43,890	\$47,880	\$51,870	\$55,860	and over
2	From	\$0	\$21,641	\$28,782	\$40,035	\$43,281	\$48,691	\$54,101	\$59,511	\$64,921	\$70,331	\$75,741
	To	\$21,640	\$28,781	\$40,034	\$43,280	\$48,690	\$54,100	\$59,510	\$64,920	\$70,330	\$75,740	and over
3	From	\$0	\$27,321	\$36,337	\$50,543	\$54,641	\$61,471	\$68,301	\$75,131	\$81,961	\$88,791	\$95,621
	To	\$27,320	\$36,336	\$50,542	\$54,640	\$61,470	\$68,300	\$75,130	\$81,960	\$88,790	\$95,620	and over
4	From	\$0	\$33,001	\$43,891	\$61,051	\$66,001	\$74,251	\$82,501	\$90,751	\$99,001	\$107,251	\$115,501
	To	\$33,000	\$43,890	\$61,050	\$66,000	\$74,250	\$82,500	\$90,750	\$99,000	\$107,250	\$115,500	and over
5	From	\$0	\$38,681	\$51,445	\$71,559	\$77,361	\$87,031	\$96,701	\$106,371	\$116,041	\$125,711	\$135,381
	To	\$38,680	\$51,444	\$71,558	\$77,360	\$87,030	\$96,700	\$106,370	\$116,040	\$125,710	\$135,380	and over
6	From	\$0	\$44,361	\$59,000	\$82,067	\$88,721	\$99,811	\$110,901	\$121,991	\$133,081	\$144,171	\$155,261
	To	\$44,360	\$58,999	\$82,066	\$88,720	\$99,810	\$110,900	\$121,990	\$133,080	\$144,170	\$155,260	and over
7	From	\$0	\$50,041	\$66,554	\$92,575	\$100,081	\$112,591	\$125,101	\$137,611	\$150,121	\$162,631	\$175,141
	To	\$50,040	\$66,553	\$92,574	\$100,080	\$112,590	\$125,100	\$137,610	\$150,120	\$162,630	\$175,140	and over
8	From	\$0	\$55,721	\$74,109	\$103,083	\$111,441	\$125,371	\$139,301	\$153,231	\$167,161	\$181,091	\$195,021
	To	\$55,720	\$74,108	\$103,082	\$111,440	\$125,370	\$139,300	\$153,230	\$167,160	\$181,090	\$195,020	and over
For each additional person, add		\$5,680	\$5,680	\$7,554	\$10,508	\$11,360	\$12,780	\$14,200	\$15,620	\$17,040	\$18,460	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>)