

**OFFICIAL TENNESSEE DEPARTMENT OF HEALTH SLIDING SCALE REFERENCE DOCUMENT**

Effective April 1, 2020

Developed by S. Gore, Community Health Services, 3/9/2020

REGULAR SLIDE 200%		MONTHLY INCOME						FAMILY PLANNING		BCS
% Pt. Pays	0	20%	40%	60%	80%	100%	95%	100%		
% of Poverty(FPL)	0-100%	100.01-125%	125.01-150%	150.01-175%	175.01-200%	> 200%	200.01-250%	>250%	250%	
1	1063	1064 - 1329	1330-1595	1596-1860	1861-2126	2127	2127-2658	2659	2658	
2	1436	1437 - 1795	1796-2155	2156-2514	2515-2873	2874	2874-3591	3592	3591	
3	1810	1811-2262	2263-2715	2716-3167	3168-3620	3621	3621-4525	4526	4525	
4	2183	2184-2729	2730-3275	3276-3820	3821-4366	4367	4367-5458	5459	5458	
5	2556	2557-3195	3196-3835	3836-4474	4475-5113	5114	5114-6391	6392	6391	
6	2930	2931-3662	3663-4395	4396-5127	5128-5860	5861	5861-7325	7326	7325	
7	3303	3304-4129	4130-4955	4956-5780	5781-6606	6607	6607-8258	8259	8258	
8	3676	3677-4595	4596-5515	5516-6434	6435-7353	7354	7354-9191	9192	9191	
9	4050	4051-5062	5063-6075	6076-7087	7088-8100	8101	8101-10125	10126	10125	
10	4423	4424-5529	5530-6635	6636-7740	7741-8846	8847	8847-11058	11059	11058	

REGULAR SLIDE 200%		ANNUAL INCOME						FAMILY PLANNING		BCS
% Pt. Pays	0	20%	40%	60%	80%	100%	95%	100%		
% of Poverty(FPL)	0-100%	100.01-125%	125.01-150%	150.01-175%	175.01-200%	> 200%	200.01-250%	>250%	250%	
1	12760	12761-15950	15951-19140	19141-22330	22331-25520	25521	25521-31900	31901	31900	
2	17240	17241-21550	21551-25860	25861-30170	30171-34480	34481	34481-43100	43101	43100	
3	21720	21721-27150	27151-32580	32581-38010	38011-43440	43441	43441-54300	54301	54300	
4	26200	26201-32750	32751-39300	39301-45850	45851-52400	52401	52401-65500	65501	65500	
5	30680	30681-38350	38351-46020	46021-53690	53691-61360	61361	61361-76700	76701	76700	
6	35160	35161-43950	43951-52740	52741-61530	61531-70320	70321	70321-87900	87901	87900	
7	39640	39641-49550	49551-59460	59461-69370	69371-79280	79281	79281-99100	99101	99100	
8	44120	44121-55150	55151-66180	66181-77210	77211-88240	88241	88241-110300	110301	110300	
9	48600	48601-60750	60751-72900	72901-85050	85051-97200	97201	97201-121500	121501	121500	
10	53080	53081-66350	66351-79620	79621-92890	92891-106160	106161	106161-132700	132701	132700	

2020 Federal Poverty Base = **\$8280**

Per Person = **\$4480**

This is the OFFICIAL Tennessee Department of Health sliding scale reference document effective **April 1, 2020 thru March 31, 2021**. These income brackets/percentages have been tested in PTBMIS to ensure their accuracy.

Additional columns have been added for BCS and Family Planning which includes income to 250% .

Information contained in this document is not used to determine Presumptive eligibility. Presumptive eligibility is calculated in the Tennessee Eligibility Determination System (TEDS).

Information contained in this document is not used to determine WIC eligibility. WIC program uses a specific sliding scale table which has different income amounts and eligibility time period.

Any changes or revisions to this document must be made and distributed from the Billing and Operational Support Unit of Community Health Services.