MAXIMUM INCOME PER YEAR *2022 Rates

Household Size	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
	up to 100%	**up to 133%**	**up to 138%**	**up to 150%**	**up to 200%**	
	income under	income under	income under	income under	income over	
1	$13,590	$18,075	$18,754	$20,385	>$27,180	If you do not share your income information
2	$18,310	$24,352	$25,268	$27,465	>$36,620	
3	$23,030	$30,630	$31,781	$34,545	>$46,060	
4	$27,750	$36,908	$38,295	$41,625	>$55,500	
5	$32,470	$43,185	$44,809	$48,705	>$64,940	
6	$37,190	$49,463	$51,322	$55,785	>$74,380	
7	$41,910	$55,740	$57,836	$62,865	>$83,820	
8	$46,630	$62,018	$64,349	$69,945	>$93,260	
Discount:	Fees waived	**20% Pay**	**40% Pay**	**60% Pay**	**80% Pay**	**100%**

For families/households with more than 8 persons, add $4,720 for each additional person.

**** 2022 Federal Poverty Guidelines (Eff 1.12.22) ****

Code	Service	Time	Average Amt	One time fee
90791	Assessment	60 min	$111.11	$111.11
99204	MedSom-New	45-59 min	$145.00	$100.00

Code	Service	Time	Average Amt	Monthly Fee
90834	Therapy (x4)	38-52 min	$78.82	$315.28
H0036	CPST (x1)	23-37 min	$39.08	$39.08
99214	MedSom (x1)	30-39 min	$94.46	$94.46
			$212.36	**$448.82**

Plan Amt	*Monthly*
Plan A	**$0.00**
Plan B	**$89.76**
Plan C	**$179.53**
Plan D	**$269.29**
Plan E	**$359.06**
Plan F	**$448.82**

At PATH Integrated Health, we value ALL clients and employees as unique individuals. As such, we have a strict non-discrimination policy. We believe everyone should be treated equally regardless of race, sex, gender identification, sexual orientation, national origin, native language, religion, age, disability, marital status, citizenship, genetic information, pregnancy, or any other characteristic protected by law. If you feel that you have been discriminated against, please let our Human Resources Department know as soon as possible. Every complaint will be appropriately investigated. * Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA): The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities.

Applicant must provide:

-Self pay form (financial responsibility)

-Sliding scale application

-Copy of State issued ID

-Tax return (only acceptable form of proof-of-income)