

Sliding Fee Scale

The Sliding Fee Scale determines how much you will pay each time you receive a service from Network180. The amount is based on your income (ability to pay). This amount is created by state law and administrative rules.

The highest amount of income allowed, based on the amount of people in the household, is shown below. It is from the 2024 Federal Poverty Level guidelines and is updated every year.

Your ability to pay will also be looked at each year, to make sure it considers any changes to your income. We will also need you to provide documents showing your yearly income and the number of people in your family.

Family Size	A	B	C	D	E	F	G
1 person	\$20,080	\$30,120	\$37,650	\$45,180	\$52,710	\$60,240	>\$60,240
2 people	\$27,253	\$40,880	\$51,100	\$61,320	\$71,540	\$81,760	>\$81,760
3 people	\$34,427	\$51,640	\$64,550	\$77,460	\$90,370	\$103,280	>\$103,280
4 people	\$41,600	\$62,400	\$78,000	\$93,600	\$109,200	\$124,800	>\$124,800
5 people	\$48,773	\$73,160	\$91,450	\$109,740	\$128,030	\$146,320	>\$146,320
6 people	\$55,947	\$83,920	\$104,900	\$125,880	\$146,860	\$167,840	>\$167,840
7 people	\$63,120	\$94,680	\$118,350	\$142,020	\$165,690	\$189,360	>\$189,360
8 people	\$70,293	\$105,440	\$131,800	\$158,160	\$184,520	\$210,880	>\$210,880
For each extra person add:	\$7,173	\$10,760	\$13,450	\$16,140	\$18,830	\$21,520.00	

Category	A	B	C	D	E	F	G
*	\$0	\$15	\$30	\$50	\$75	\$105	Full

The amount listed above is the cost for each visit.

*These amounts do not include Residential and Inpatient services

If you have any concerns or questions regarding the Sliding Fee Scale, or anything else related to payment, please feel free to reach out to our
Registration Customer Service Line at 616-855-5175
 and they would be happy to assist you.
 They are available between the hours of 8am – 5pm, Monday through Friday.