Wilson Medical Center

2026 Sliding Fee Discount Schedule

Based on the 2026 HHS Poverty Guidelines for the 48 contiguous states and the District of Columbia.

Family Size	100% FPG	125% FPG	150% FPG	175% FPG	200% FPG	250% FPG
1	$15,960	$19,950	$23,940	$27,930	$31,920	$39,900
2	$21,640	$27,050	$32,460	$37,870	$43,280	$54,100
3	$27,320	$34,150	$40,980	$47,810	$54,640	$68,300
4	$33,000	$41,250	$49,500	$57,750	$66,000	$82,500
5	$38,680	$48,350	$58,020	$67,690	$77,360	$96,700
6	$44,360	$55,450	$66,540	$77,630	$88,720	$110,900
7	$50,040	$62,550	$75,060	$87,570	$100,080	$125,100
8	$55,720	$69,650	$83,580	$97,510	$111,440	$139,300
9	$61,400	$76,750	$92,100	$107,450	$122,800	$153,500
10	$67,080	$83,850	$100,620	$117,390	$134,160	$167,700
11	$72,760	$90,950	$109,140	$127,330	$145,520	$181,900
12	$78,440	$98,050	$117,660	$137,270	$156,880	$196,100
13	$84,120	$105,150	$126,180	$147,210	$168,240	$210,300
14	$89,800	$112,250	$134,700	$157,150	$179,600	$224,500

For each additional person above family size 14, add: 100% $5,680; 125% $7,100; 150% $8,520; 175% $9,940; 200% $11,360; 250% $14,200.

Annual Family Income	Discount	Patient Responsibility
At or below 150% FPG	100%	0%
Above 150% through 175% FPG	75%	25%
Above 175% through 200% FPG	50%	50%
Above 200% through 250% FPG	25%	75%
Above 250% FPG	0% standard discount*	100%*

*Patients above 250% FPG may be considered separately for WMC Charity Care. Available third-party coverage is billed first. Discounts for insured patients apply only when permitted by applicable law and payer contract.