

OFFICIAL TENNESSEE DEPARTMENT OF HEALTH SLIDING SCALE REFERENCE DOCUMENT

Effective April 1, 2022

Developed by S. Gore, Community Health Services, 2/11/2022

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	13590	13591-16987	16988-20385	20386-23782	23783-27180	27181	27181-33975	33976	33975	
2	18310	18311-22887	22888-27465	27466-32042	32043-36620	36621	36621-45775	45776	45775	
3	23030	23031-28787	28788-34545	34546-40302	40303-46060	46061	46061-57575	57576	57575	
4	27750	27751-34687	34688-41625	41626-48562	48563-55500	55501	55501-69375	69376	69375	
5	32470	32471-40587	40588-48705	48706-56822	56823-64940	64941	64941-81175	81176	81175	
6	37190	37191-46487	46488-55785	55786-65082	65083-74380	74381	74381-92975	92976	92975	
7	41910	41911-52387	52388-62865	62866-73342	73343-83820	83821	83821-104775	104776	104775	
8	46630	46631-58287	58288-69945	69946-81602	81603-93260	93261	93261-116575	116576	116575	
9	51350	51351-64187	64188-77025	77026-89862	89863-102700	102701	102701-128375	128376	128375	
10	56070	56071-70087	70088-84105	84106-98122	98123-112140	112141	112141-140175	140176	140175	

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	1132	1133-1415	1416-1698	1699-1981	1982-2265	2266	2266-2831	2832	2831	
2	1525	1526-1907	1908-2288	2289-2670	2671-3051	3052	3052-3814	3815	3814	
3	1919	1920-2398	2399-2878	2879-3358	3359-3838	3839	3839-4797	4798	4797	
4	2312	2313-2890	2891-3468	3469-4046	4047-4625	4626	4626-5781	5782	5781	
5	2705	2706-3382	3383-4058	4059-4735	4736-5411	5412	5412-6764	6765	6764	
6	3099	3100-3873	3874-4648	4649-5423	5424-6198	6199	6199-7747	7748	7747	
7	3492	3493-4365	4366-5238	5239-6111	6112-6985	6986	6986-8731	8732	8731	
8	3885	3886-4856	4857-5828	5829-6800	6801-7771	7772	7772-9714	9715	9714	
9	4279	4280-5348	5349-6418	6419-7488	7489-8558	8559	8559-10697	10698	10697	
10	4672	4673-5840	5841-7008	7009-8176	8177-9345	9346	9346-11681	11682	11681	

Federal Poverty Base = \$**\$8,870**

Per Person = \$**4720**

This is the OFFICIAL Tennessee Department of Health sliding scale reference document effective **April 1, 2022 thru March 31, 2023**. 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 eligibility is determined in the TNWIC system.

Any changes or revisions to this document must be made and distributed from the Office of Community Health Services.