OFFICIAL TENNESSEE DEPARTMENT OF HEALTH SLIDING SCALE REFERENCE DOCUMENT

Effective April 1, 2024

Community Health Services, 3/20/2024

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	15060	15061-18825	18826-22590	22591-26355	26356-30120	30121	30121-37650	37651	37650
2	20440	20441-25550	25551-30660	30661-35770	35771-40880	40881	40881-51100	51101	51100
3	25820	25821-32275	32276-38730	38731-45185	45186-51640	51641	51641-64550	64551	64550
4	31200	31201-39000	39001-46800	46801-54600	54601-62400	62401	62401-78000	78001	78000
5	36580	36581-45725	45726-54870	54871-64015	64016-73160	73161	73161-91450	91451	91450
6	41960	41961-52450	52451-62940	62941-73430	73431-83920	83921	83921-104900	104901	104900
7	47340	47341-59175	59176-71010	71011-82845	82846-94680	94681	94681-118350	118351	118350
8	52720	52721-65900	65901-79080	79081-92260	92261-105440	105441	105441-131800	131801	131800
9	58100	58101-72625	72626-87150	87151-101675	101676-116200	116201	116201-145250	145251	145250
10	63480	63481-79350	79351-95220	95221-111090	111091-126960	126961	126961-158700	158701	158700

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	1255	1256-1568	1569-1882	1883-2196	2197-2510	2511	2511-3137	3138	3137
2	1703	1704-2129	2130-2555	2556-2980	2981-3406	3407	3407-4258	4259	4258
3	2151	2152-2689	2690-3227	3228-3765	3766-4303	4304	4304-5379	5380	5379
4	2600	2601-3250	3251-3900	3901-4550	4551-5200	5201	5201-6500	6501	6500
5	3048	3049-3810	3811-4572	4573-5334	5335-6096	6097	6097-7620	7621	7620
6	3496	3497-4370	4371-5245	5246-6119	6120-6993	6994	6994-8741	8742	8741
7	3945	3946-4931	4932-5917	5918-6903	6904-7890	7891	7891-9862	9863	9862
8	4393	4394-5491	5492-6590	6591-7688	7689-8786	8787	8787-10983	10984	10983
9	4841	4842-6052	6053-7262	7263-8472	8473-9683	9684	9684-12104	12105	12104
10	5290	5291-6612	6613-7935	7936-9257	9258-10580	10581	10581-13225	13226	13225

Federal Poverty Base = **$ $9,680**

Per Person = **$5380**

This is the **OFFICIAL** Tennessee Department of Health sliding scale reference document effective **April 1, 2024 thru March 31, 2025**. 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.