



Thomas H Boyd Memorial Hospital

d/b/a Boyd Healthcare Services

800 School Street Carrollton, IL 62016 (217)942-6946

2026 SLIDING FEE SCHEDULE

Maximum Annual Income Amounts for each Sliding Fee Percentage Category

Poverty Level*	100%	101-200%	201-250%	251-300%	>300%
Family Size	100% discount	100% discount	75% discount	50% discount	0% discount
1	\$ 15,960	\$ 31,920	\$ 39,900	\$ 47,880	\$ 47,880
2	\$ 21,640	\$ 43,280	\$ 54,100	\$ 64,920	\$ 64,920
3	\$ 27,320	\$ 54,640	\$ 68,300	\$ 81,960	\$ 81,960
4	\$ 33,000	\$ 66,000	\$ 82,500	\$ 99,000	\$ 99,000
5	\$ 38,680	\$ 77,360	\$ 96,700	\$ 116,040	\$ 116,040
6	\$ 44,360	\$ 88,720	\$ 110,900	\$ 133,080	\$ 133,080
7	\$ 50,040	\$ 100,080	\$ 125,100	\$ 150,120	\$ 150,120
8	\$ 55,720	\$ 111,440	\$ 139,300	\$ 167,160	\$ 167,160
For each additional person, add	\$ 5,680	\$ 11,360	\$ 14,200	\$ 17,040	\$ 17,040

The 2026 poverty guidelines are in effect as of January 2026.

*Based on Federal Poverty Guidelines (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>)

