

Signature Health Sliding Fee Scale for Ryan White Program

Based on Annual Household Income in Accordance with the 2026 Federal Poverty Guidelines							
	\$0 Visit (Tier 0)	\$5 Visit (Tier 5)	\$10 Visit (Tier 10)	\$20 Visit (Tier 20)	\$40 Visit (Tier 40)	Full Fee	
Family Size	1	\$0 - \$15,960	\$15,961 - \$22,025	\$22,026 - \$47,880	\$47,881 - \$63,840	\$63,841 - \$79,800	\$79,801 +
	2	\$0 - \$21,640	\$21,641 - \$29,863	\$29,864 - \$64,920	\$64,921 - \$86,560	\$86,561 - \$108,200	\$108,201 +
	3	\$0 - \$27,320	\$27,321 - \$37,702	\$37,703 - \$81,960	\$81,961 - \$109,280	\$109,281 - \$136,600	\$136,601 +
	4	\$0 - \$33,000	\$33,001 - \$45,540	\$45,541 - \$99,000	\$99,001 - \$132,000	\$132,001 - \$165,000	\$165,001 +
	5	\$0 - \$38,680	\$38,681 - \$53,378	\$53,379 - \$116,040	\$116,041 - \$154,720	\$154,721 - \$193,400	\$193,401 +
	6	\$0 - \$44,360	\$44,361 - \$61,217	\$61,218 - \$133,080	\$133,081 - \$177,440	\$177,441 - \$221,800	\$221,801 +
For families/households with more than 8 persons, add \$5,680 for each additional person.							

Find your household size and income range above to identify your tier.

Tier: For Ryan White Program services, the tier means the out-of-pocket cost per visit. For example, if your income and family size qualifies you for Tier 10, you should expect to pay \$10 per visit.

Full Fee: If your household income is above the highest income range listed for a service, Signature Health may be unable to offer a discount.

Sources:
 Office of the Assistant Secretary for Planning and Evaluation | <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
 Cuyahoga County Board of Health | <https://www.ccbh.net/ryan-white-provider-resources/>

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