

2026 Ryan White Discounted Charges

The Ryan White Program is a federal program that helps CrescentCare cover some health care costs for patients with HIV/AIDS. Patients living with HIV/AIDS are eligible for the Ryan White Sliding Fee Scale based on their annual gross family income relative to the Federal Poverty Guidelines (FPG). The Ryan White grant is the “payer of last resort” which means that if a patient with HIV/AIDS has insurance, CrescentCare must use it. In addition, this also means that patients with HIV/AIDS cannot be on the Ryan White Sliding Fee Scale if they are eligible for another benefit that would pay for their healthcare at CrescentCare (like Medicaid). Patients must have proof of HIV/AIDS diagnosis on file at CrescentCare to qualify for the Ryan White Sliding Fee Scale.



Persons in household	0-100%	101-125%	126-150%	151-200%	201-250%
1	15,960	19,950	23,940	31,920	39,900
2	21,640	27,050	32,460	43,280	54,100
3	27,320	34,150	40,980	54,640	68,300
4	33,000	41,250	49,500	66,000	82,500
5	38,680	48,350	58,020	77,360	96,700
6	44,360	55,450	66,540	88,720	110,900
7	50,040	62,550	75,060	100,080	125,100
8	55,720	69,650	83,580	111,440	139,300
Patient share/co-pay	\$-0-	\$5	\$5	\$5	\$5
Persons in household	251-300%	301-350%	351-400%	401-500%	501%-above
1	47,880	55,860	63,840	79,800	79,801 +
2	64,920	75,740	86,560	108,200	108,201 +
3	81,960	95,620	109,280	136,600	136,601 +
4	99,000	115,500	132,000	165,000	165,001 +
5	116,040	135,380	154,720	193,400	193,401 +
6	133,080	155,260	177,440	221,800	221,801 +
7	150,120	175,140	200,160	250,200	250,201 +
8	167,160	195,020	222,880	278,600	278,601 +
Patient share/co-pay	\$5	\$15	\$15	\$15	Full Pay

Ryan White Patients' Charge Limits

Based on a patient's annual gross income, CrescentCare provides the following maximum amount patients can be charged for eligible services in one calendar year (January 1st to December 31st). After a patient's charges meet the maximum amount, patients themselves will pay \$0 for eligible services until the following January 1.

Equal to or below 100% of annual FPG	No charges permitted
101 to 200% of FPL	No more than 5% of gross annual income in a year
201 to 300% of FPG	No more than 7% of gross annual income in a year
Greater than 300% of FPG	No more than 10% of gross annual income in a year

NOTICE TO PATIENTS

CrescentCare provides care to anyone who comes for services, regardless of their ability to pay