

## **Salt Lake County Fee Schedule Methodology and Use**

Salt Lake County Behavioral Health utilizes 6 fee schedules as follows:

1. Youth Daily Copay – range \$0 -\$5
2. Youth Monthly Residential Copay – range \$0 - \$50
3. Adult Daily Copay – range \$0 - \$40
4. Adult Weekly Copay – range \$0 - \$90
5. Adult Monthly Residential Copay – range \$0 - \$1,500
6. Adult DUI Assessment Copay – range \$1 - \$265

Much is left to the discretion of the service provider and attending clinician but generally, the adult daily copay schedule would be administered for low intensity outpatient services or non-DUI assessments. The top daily copay rate of \$40 was chosen based approximately on the lowest cost service an individual might receive at a single visit and with the intent to not far exceed a typical copay rate under an insurance plan. The weekly rate would generally be used for clients that are receiving more intensive outpatient services or day treatment and tops out at an amount 2.5 times the daily rate. The monthly residential adult fee schedule rate tops out approximately at our lowest contracted residential monthly rate.

Fees for youth services are reduced to ensure no barriers to service. There is a daily and residential schedule; no weekly schedule was believed necessary due to the much lower daily rate.

Assessments provided to adults related to a DUI conviction have a specific DUI Assessment Copay schedule. In State Code there is an expectation that individuals convicted of DUI are responsible for the cost of their treatment services and often these individuals require no additional treatment services beyond the initial assessment. For this reason, the sliding fee schedule more quickly reaches the full cost of the assessment service provided.

The copay schedules gradually increase the fees up to a maximum amount based on poverty scale and household size. In addition, for every additional \$1,000 of income the multiple of poverty is reduced, which has the effect of increasing the fee. This methodology assumes greater ability to pay as income increases.

Providers and clinicians are given discretion to waive fees as judged necessary to ensure limited barriers to treatment. When fees are waived a note must be written explaining the circumstances for waiving or reducing the rate. In addition, discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

Providers may charge higher copays if it is believed that for the applicable population served, it would be in the clients' and the County's best interest to charge a higher copay amount. Alternative fee schedules or plans must be not create an excessive barrier to treatment and must be approved by the County.

**Salt Lake County**  
**Division of Behavioral Health**  
**Daily Outpatient Co-pay schedule - Youth**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
3,500	-	-	-	-	-	-	-	-
3,600	5.00	-	-	-	-	-	-	-
3,700	5.00	-	-	-	-	-	-	-
3,800	5.00	-	-	-	-	-	-	-
3,900	5.00	-	-	-	-	-	-	-
4,000	5.00	-	-	-	-	-	-	-
4,100	5.00	-	-	-	-	-	-	-
4,200	5.00	5.00	-	-	-	-	-	-
4,300	5.00	5.00	-	-	-	-	-	-
4,400	5.00	5.00	-	-	-	-	-	-
4,500	5.00	5.00	-	-	-	-	-	-
4,600	5.00	5.00	-	-	-	-	-	-
4,700	5.00	5.00	-	-	-	-	-	-
4,800	5.00	5.00	-	-	-	-	-	-
4,900	5.00	5.00	-	-	-	-	-	-
5,000	5.00	5.00	5.00	-	-	-	-	-
5,100	5.00	5.00	5.00	-	-	-	-	-
5,200	5.00	5.00	5.00	-	-	-	-	-
5,300	5.00	5.00	5.00	-	-	-	-	-
5,400	5.00	5.00	5.00	5.00	-	-	-	-
5,500	5.00	5.00	5.00	5.00	-	-	-	-
5,600	5.00	5.00	5.00	5.00	-	-	-	-
5,700	5.00	5.00	5.00	5.00	-	-	-	-
5,800	5.00	5.00	5.00	5.00	-	-	-	-
5,900	5.00	5.00	5.00	5.00	-	-	-	-
6,000	5.00	5.00	5.00	5.00	5.00	5.00	5.00	-
6,100	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00

Incomes under \$3,500 will have no fee & incomes over \$6,100 will have a fee of \$5 per visit.

**Salt Lake County**  
**Division of Behavioral Health**  
**Residential Co-pay schedule - Youth**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
3,800	-	-	-	-	-	-	-	-
3,900	50.00	-	-	-	-	-	-	-
4,000	50.00	-	-	-	-	-	-	-
4,100	50.00	-	-	-	-	-	-	-
4,200	50.00	-	-	-	-	-	-	-
4,300	50.00	-	-	-	-	-	-	-
4,400	50.00	-	-	-	-	-	-	-
4,500	50.00	-	-	-	-	-	-	-
4,600	50.00	50.00	-	-	-	-	-	-
4,700	50.00	50.00	-	-	-	-	-	-
4,800	50.00	50.00	-	-	-	-	-	-
4,900	50.00	50.00	-	-	-	-	-	-
5,000	50.00	50.00	50.00	-	-	-	-	-
5,100	50.00	50.00	50.00	-	-	-	-	-
5,200	50.00	50.00	50.00	-	-	-	-	-
5,300	50.00	50.00	50.00	-	-	-	-	-
5,400	50.00	50.00	50.00	-	-	-	-	-
5,500	50.00	50.00	50.00	-	-	-	-	-
5,600	50.00	50.00	50.00	-	-	-	-	-
5,700	50.00	50.00	50.00	-	-	-	-	-
5,800	50.00	50.00	50.00	-	-	-	-	-
5,900	50.00	50.00	50.00	-	-	-	-	-
6,000	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,100	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,200	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,300	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,400	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,500	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,600	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,700	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00

Incomes under \$3,800 will have no fee & incomes over \$6,700 will have a fee of \$50.00 per month.

**Salt Lake County**  
**Division of Behavioral Health**  
**Daily Outpatient Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Explanations:**

Copays may be waived or reduced based on the specific financial circumstances of the family. A note is required explaining the justification for waving or reducing the fee.

**Number of family members**

<b>Monthly Income</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
100	1.00	1.00	1.00	1.00	-	-	-	-
200	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00
300	3.00	2.00	2.00	2.00	1.00	1.00	1.00	1.00
400	4.00	3.00	2.00	2.00	2.00	2.00	1.00	1.00
500	5.00	4.00	3.00	3.00	2.00	2.00	2.00	1.00
600	6.00	5.00	4.00	3.00	3.00	2.00	2.00	2.00
700	7.00	5.00	4.00	4.00	3.00	3.00	2.00	2.00
800	8.00	6.00	5.00	4.00	3.00	3.00	3.00	2.00
900	9.00	7.00	5.00	5.00	4.00	3.00	3.00	3.00
1,000	12.00	9.00	7.00	6.00	5.00	4.00	4.00	3.00
1,100	13.00	10.00	8.00	6.00	5.00	5.00	4.00	4.00
1,200	14.00	10.00	8.00	7.00	6.00	5.00	5.00	4.00
1,300	15.00	11.00	9.00	7.00	6.00	6.00	5.00	4.00
1,400	16.00	12.00	10.00	8.00	7.00	6.00	5.00	5.00
1,500	18.00	13.00	10.00	9.00	7.00	6.00	6.00	5.00
1,600	19.00	14.00	11.00	9.00	8.00	7.00	6.00	5.00
1,700	20.00	15.00	12.00	10.00	8.00	7.00	6.00	6.00
1,800	21.00	16.00	12.00	10.00	9.00	8.00	7.00	6.00
1,900	22.00	17.00	13.00	11.00	9.00	8.00	7.00	6.00
2,000	27.00	20.00	16.00	13.00	11.00	10.00	9.00	8.00
2,100	29.00	21.00	17.00	14.00	12.00	11.00	9.00	8.00
2,200	30.00	22.00	18.00	15.00	13.00	11.00	10.00	9.00
2,300	32.00	23.00	19.00	15.00	13.00	12.00	10.00	9.00
2,400	33.00	24.00	19.00	16.00	14.00	12.00	11.00	10.00
2,500	34.00	25.00	20.00	17.00	14.00	13.00	11.00	10.00
2,600	36.00	26.00	21.00	17.00	15.00	13.00	12.00	10.00
2,700	37.00	27.00	22.00	18.00	15.00	14.00	12.00	11.00
2,800	38.00	28.00	23.00	19.00	16.00	14.00	12.00	11.00
2,900	40.00	29.00	23.00	19.00	17.00	15.00	13.00	12.00
3,000	40.00	37.00	29.00	24.00	21.00	18.00	16.00	14.00
3,100	40.00	38.00	30.00	25.00	21.00	19.00	17.00	15.00
3,200	40.00	39.00	31.00	26.00	22.00	19.00	17.00	15.00
3,300	40.00	40.00	32.00	27.00	23.00	20.00	18.00	16.00
3,400	40.00	40.00	33.00	27.00	23.00	20.00	18.00	16.00
3,500	40.00	40.00	34.00	28.00	24.00	21.00	19.00	17.00
3,600	40.00	40.00	35.00	29.00	25.00	22.00	19.00	17.00
3,700	40.00	40.00	36.00	30.00	25.00	22.00	20.00	18.00
3,800	40.00	40.00	37.00	31.00	26.00	23.00	20.00	18.00
3,900	40.00	40.00	38.00	31.00	27.00	23.00	21.00	19.00
4,000	40.00	40.00	40.00	40.00	34.00	30.00	27.00	24.00
4,100	40.00	40.00	40.00	40.00	35.00	31.00	27.00	25.00
4,200	40.00	40.00	40.00	40.00	36.00	32.00	28.00	25.00
4,300	40.00	40.00	40.00	40.00	37.00	32.00	29.00	26.00
4,400	40.00	40.00	40.00	40.00	38.00	33.00	29.00	26.00

**Salt Lake County**  
**Division of Behavioral Health**  
**Daily Outpatient Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
4,500	40.00	40.00	40.00	40.00	39.00	34.00	30.00	27.00
4,600	40.00	40.00	40.00	40.00	40.00	35.00	31.00	28.00
4,700	40.00	40.00	40.00	40.00	40.00	35.00	31.00	28.00
4,800	40.00	40.00	40.00	40.00	40.00	36.00	32.00	29.00
4,900	40.00	40.00	40.00	40.00	40.00	37.00	33.00	29.00
5,000	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

Incomes over \$5,000 will have a fee of \$40.00 per day.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

**Salt Lake County**  
**Division of Behavioral Health**  
**Weekly Outpatient Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Explanations:**

Copays may be waived or reduced based on the specific financial circumstances of the family. A note is required explaining the justification for waving or reducing the fee.

**Number of family members**

<b>Monthly Income</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
100	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00
200	5.00	3.00	3.00	2.00	2.00	2.00	1.00	1.00
300	7.00	5.00	4.00	3.00	3.00	3.00	2.00	2.00
400	9.00	7.00	5.00	5.00	4.00	3.00	3.00	3.00
500	12.00	9.00	7.00	6.00	5.00	4.00	4.00	3.00
600	14.00	10.00	8.00	7.00	6.00	5.00	4.00	4.00
700	16.00	12.00	10.00	8.00	7.00	6.00	5.00	5.00
800	19.00	14.00	11.00	9.00	8.00	7.00	6.00	5.00
900	21.00	15.00	12.00	10.00	9.00	8.00	7.00	6.00
1,000	26.00	20.00	16.00	13.00	11.00	10.00	9.00	8.00
1,100	29.00	22.00	17.00	14.00	12.00	11.00	9.00	8.00
1,200	32.00	24.00	19.00	16.00	13.00	12.00	10.00	9.00
1,300	34.00	26.00	20.00	17.00	14.00	13.00	11.00	10.00
1,400	37.00	27.00	22.00	18.00	15.00	14.00	12.00	11.00
1,500	40.00	29.00	23.00	19.00	17.00	14.00	13.00	12.00
1,600	42.00	31.00	25.00	21.00	18.00	15.00	14.00	12.00
1,700	45.00	33.00	27.00	22.00	19.00	16.00	15.00	13.00
1,800	48.00	35.00	28.00	23.00	20.00	17.00	15.00	14.00
1,900	50.00	37.00	30.00	25.00	21.00	18.00	16.00	15.00
2,000	62.00	46.00	36.00	30.00	26.00	23.00	20.00	18.00
2,100	65.00	48.00	38.00	32.00	27.00	24.00	21.00	19.00
2,200	68.00	50.00	40.00	33.00	28.00	25.00	22.00	20.00
2,300	71.00	53.00	42.00	35.00	30.00	26.00	23.00	21.00
2,400	74.00	55.00	44.00	36.00	31.00	27.00	24.00	22.00
2,500	77.00	57.00	45.00	38.00	32.00	28.00	25.00	22.00
2,600	80.00	60.00	47.00	39.00	34.00	29.00	26.00	23.00
2,700	83.00	62.00	49.00	41.00	35.00	30.00	27.00	24.00
2,800	86.00	64.00	51.00	42.00	36.00	32.00	28.00	25.00
2,900	89.00	66.00	53.00	44.00	37.00	33.00	29.00	26.00
3,000	90.00	82.00	65.00	54.00	46.00	41.00	36.00	32.00
3,100	90.00	85.00	68.00	56.00	48.00	42.00	37.00	33.00
3,200	90.00	88.00	70.00	58.00	50.00	43.00	38.00	34.00
3,300	90.00	90.00	72.00	60.00	51.00	45.00	40.00	36.00
3,400	90.00	90.00	74.00	62.00	53.00	46.00	41.00	37.00
3,500	90.00	90.00	76.00	63.00	54.00	47.00	42.00	38.00
3,600	90.00	90.00	79.00	65.00	56.00	49.00	43.00	39.00
3,700	90.00	90.00	81.00	67.00	57.00	50.00	44.00	40.00
3,800	90.00	90.00	83.00	69.00	59.00	51.00	46.00	41.00
3,900	90.00	90.00	85.00	71.00	60.00	53.00	47.00	42.00
4,000	90.00	90.00	90.00	90.00	77.00	68.00	60.00	54.00
4,100	90.00	90.00	90.00	90.00	79.00	69.00	61.00	55.00
4,200	90.00	90.00	90.00	90.00	81.00	71.00	63.00	57.00
4,300	90.00	90.00	90.00	90.00	83.00	73.00	64.00	58.00

**Salt Lake County**  
**Division of Behavioral Health**  
**Weekly Outpatient Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
4,400	90.00	90.00	90.00	90.00	85.00	74.00	66.00	59.00
4,500	90.00	90.00	90.00	90.00	87.00	76.00	67.00	61.00
4,600	90.00	90.00	90.00	90.00	89.00	78.00	69.00	62.00
4,700	90.00	90.00	90.00	90.00	90.00	79.00	70.00	63.00
4,800	90.00	90.00	90.00	90.00	90.00	81.00	72.00	65.00
4,900	90.00	90.00	90.00	90.00	90.00	83.00	73.00	66.00
5,000	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00

Incomes over \$5,000 will have a fee of \$90.00 per week.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

**Salt Lake County**  
**Division of Behavioral Health**  
**Residential Monthly Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Explanations:**

Copays may be waived or reduced based on the specific financial circumstances of the family. A note is required explaining the justification for waving or reducing the fee.

**Number of family members**

<b>Monthly Income</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
100	15.00	11.00	9.00	8.00	6.00	6.00	5.00	4.00
200	31.00	23.00	18.00	15.00	13.00	11.00	10.00	9.00
300	46.00	34.00	27.00	23.00	19.00	17.00	15.00	13.00
400	62.00	46.00	36.00	30.00	26.00	23.00	20.00	18.00
500	77.00	57.00	45.00	38.00	32.00	28.00	25.00	22.00
600	93.00	69.00	55.00	45.00	39.00	34.00	30.00	27.00
700	108.00	80.00	64.00	53.00	45.00	39.00	35.00	31.00
800	123.00	92.00	73.00	60.00	52.00	45.00	40.00	36.00
900	139.00	103.00	82.00	68.00	58.00	51.00	45.00	40.00
1,000	171.00	127.00	101.00	84.00	72.00	63.00	56.00	50.00
1,100	189.00	140.00	111.00	92.00	79.00	69.00	61.00	55.00
1,200	206.00	153.00	121.00	101.00	86.00	75.00	67.00	60.00
1,300	223.00	165.00	131.00	109.00	93.00	81.00	72.00	65.00
1,400	240.00	178.00	141.00	117.00	100.00	88.00	78.00	70.00
1,500	257.00	191.00	152.00	126.00	107.00	94.00	83.00	75.00
1,600	274.00	203.00	162.00	134.00	115.00	100.00	89.00	80.00
1,700	291.00	216.00	172.00	143.00	122.00	106.00	94.00	85.00
1,800	308.00	229.00	182.00	151.00	129.00	113.00	100.00	90.00
1,900	326.00	242.00	192.00	159.00	136.00	119.00	105.00	95.00
2,000	411.00	305.00	243.00	201.00	172.00	150.00	133.00	120.00
2,100	432.00	320.00	255.00	211.00	181.00	158.00	140.00	126.00
2,200	452.00	336.00	267.00	221.00	189.00	165.00	147.00	132.00
2,300	473.00	351.00	279.00	231.00	198.00	173.00	153.00	138.00
2,400	494.00	366.00	291.00	242.00	206.00	180.00	160.00	144.00
2,500	514.00	381.00	303.00	252.00	215.00	188.00	167.00	150.00
2,600	535.00	397.00	315.00	262.00	224.00	195.00	173.00	156.00
2,700	555.00	412.00	327.00	272.00	232.00	203.00	180.00	162.00
2,800	576.00	427.00	340.00	282.00	241.00	210.00	187.00	168.00
2,900	596.00	442.00	352.00	292.00	249.00	218.00	193.00	174.00
3,000	771.00	572.00	455.00	377.00	322.00	282.00	250.00	224.00
3,100	797.00	591.00	470.00	390.00	333.00	291.00	258.00	232.00
3,200	823.00	610.00	485.00	403.00	344.00	300.00	266.00	239.00
3,300	848.00	629.00	500.00	415.00	355.00	310.00	275.00	247.00
3,400	874.00	648.00	515.00	428.00	365.00	319.00	283.00	254.00
3,500	900.00	668.00	531.00	440.00	376.00	328.00	291.00	262.00
3,600	925.00	687.00	546.00	453.00	387.00	338.00	300.00	269.00
3,700	951.00	706.00	561.00	465.00	398.00	347.00	308.00	277.00
3,800	977.00	725.00	576.00	478.00	408.00	357.00	316.00	284.00
3,900	1,003.00	744.00	591.00	491.00	419.00	366.00	325.00	292.00
4,000	1,371.00	1,017.00	808.00	671.00	573.00	500.00	444.00	399.00
4,100	1,405.00	1,043.00	829.00	688.00	588.00	513.00	455.00	409.00
4,200	1,440.00	1,068.00	849.00	704.00	602.00	525.00	466.00	419.00
4,300	1,474.00	1,093.00	869.00	721.00	616.00	538.00	477.00	429.00



**Salt Lake County**  
**Division of Behavioral Health**  
**Residential Monthly Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
4,400	1,500.00	1,119.00	889.00	738.00	631.00	551.00	488.00	439.00
4,500	1,500.00	1,144.00	910.00	755.00	645.00	563.00	500.00	449.00
4,600	1,500.00	1,170.00	930.00	771.00	659.00	576.00	511.00	459.00
4,700	1,500.00	1,195.00	950.00	788.00	674.00	588.00	522.00	469.00
4,800	1,500.00	1,221.00	970.00	805.00	688.00	601.00	533.00	479.00
4,900	1,500.00	1,246.00	990.00	822.00	702.00	613.00	544.00	489.00
5,000	1,500.00	1,500.00	1,500.00	1,258.00	1,075.00	938.00	833.00	748.00
5,100	1,500.00	1,500.00	1,500.00	1,283.00	1,096.00	957.00	849.00	763.00
5,200	1,500.00	1,500.00	1,500.00	1,308.00	1,118.00	976.00	866.00	778.00
5,300	1,500.00	1,500.00	1,500.00	1,333.00	1,139.00	995.00	883.00	793.00
5,400	1,500.00	1,500.00	1,500.00	1,358.00	1,161.00	1,013.00	899.00	808.00
5,500	1,500.00	1,500.00	1,500.00	1,384.00	1,182.00	1,032.00	916.00	823.00
5,600	1,500.00	1,500.00	1,500.00	1,409.00	1,204.00	1,051.00	933.00	838.00
5,700	1,500.00	1,500.00	1,500.00	1,434.00	1,225.00	1,070.00	949.00	853.00
5,800	1,500.00	1,500.00	1,500.00	1,459.00	1,247.00	1,089.00	966.00	868.00
5,900	1,500.00	1,500.00	1,500.00	1,484.00	1,268.00	1,107.00	983.00	883.00
6,000	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00

Note: Incomes over \$6,000 will have a fee of \$1,500.00 per month.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

**Salt Lake County**  
**Division of Behavioral Health**  
**DUI Assessment Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly Income</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
100	5.00	4.00	3.00	2.00	2.00	2.00	2.00	1.00
200	10.00	7.00	6.00	5.00	4.00	4.00	3.00	3.00
300	15.00	11.00	9.00	7.00	6.00	5.00	5.00	4.00
400	20.00	15.00	12.00	10.00	8.00	7.00	6.00	6.00
500	25.00	19.00	15.00	12.00	10.00	9.00	8.00	7.00
600	30.00	22.00	18.00	15.00	13.00	11.00	10.00	9.00
700	35.00	26.00	21.00	17.00	15.00	13.00	11.00	10.00
800	40.00	30.00	24.00	20.00	17.00	15.00	13.00	12.00
900	45.00	34.00	27.00	22.00	19.00	16.00	15.00	13.00
1,000	50.00	37.00	30.00	25.00	21.00	18.00	16.00	15.00
1,100	55.00	41.00	33.00	27.00	23.00	20.00	18.00	16.00
1,200	60.00	45.00	36.00	29.00	25.00	22.00	19.00	18.00
1,300	65.00	48.00	38.00	32.00	27.00	24.00	21.00	19.00
1,400	70.00	52.00	41.00	34.00	29.00	26.00	23.00	20.00
1,500	75.00	56.00	44.00	37.00	31.00	27.00	24.00	22.00
1,600	148.00	109.00	87.00	72.00	62.00	54.00	48.00	43.00
1,700	157.00	116.00	92.00	77.00	65.00	57.00	51.00	45.00
1,800	166.00	123.00	98.00	81.00	69.00	60.00	54.00	48.00
1,900	175.00	130.00	103.00	86.00	73.00	64.00	57.00	51.00
2,000	185.00	137.00	109.00	90.00	77.00	67.00	60.00	54.00
2,100	194.00	144.00	114.00	95.00	81.00	70.00	63.00	56.00
2,200	203.00	150.00	119.00	99.00	85.00	74.00	65.00	59.00
2,300	212.00	157.00	125.00	104.00	88.00	77.00	68.00	62.00
2,400	221.00	164.00	130.00	108.00	92.00	81.00	71.00	64.00
2,500	231.00	171.00	136.00	113.00	96.00	84.00	74.00	67.00
2,600	240.00	178.00	141.00	117.00	100.00	87.00	77.00	70.00
2,700	249.00	185.00	147.00	122.00	104.00	91.00	80.00	72.00
2,800	258.00	191.00	152.00	126.00	108.00	94.00	83.00	75.00
2,900	265.00	198.00	157.00	131.00	111.00	97.00	86.00	78.00
3,000	265.00	205.00	163.00	135.00	115.00	101.00	89.00	80.00
3,100	265.00	212.00	168.00	140.00	119.00	104.00	92.00	83.00
3,200	265.00	219.00	174.00	144.00	123.00	107.00	95.00	86.00
3,300	265.00	226.00	179.00	149.00	127.00	111.00	98.00	88.00
3,400	265.00	232.00	185.00	153.00	131.00	114.00	101.00	91.00
3,500	265.00	239.00	190.00	158.00	135.00	117.00	104.00	94.00
3,600	265.00	246.00	195.00	162.00	138.00	121.00	107.00	96.00
3,700	265.00	253.00	201.00	167.00	142.00	124.00	110.00	99.00
3,800	265.00	260.00	206.00	171.00	146.00	128.00	113.00	102.00
3,900	265.00	265.00	212.00	176.00	150.00	131.00	116.00	104.00
4,000	265.00	265.00	265.00	265.00	231.00	201.00	179.00	161.00
4,100	265.00	265.00	265.00	265.00	236.00	206.00	183.00	165.00
4,200	265.00	265.00	265.00	265.00	242.00	211.00	188.00	169.00
4,300	265.00	265.00	265.00	265.00	248.00	216.00	192.00	173.00
4,400	265.00	265.00	265.00	265.00	254.00	221.00	196.00	177.00

**Salt Lake County**  
**Division of Behavioral Health**  
**DUI Assessment Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
4,500	265.00	265.00	265.00	265.00	260.00	226.00	201.00	181.00
4,600	265.00	265.00	265.00	265.00	265.00	232.00	205.00	185.00
4,700	265.00	265.00	265.00	265.00	265.00	237.00	210.00	189.00
4,800	265.00	265.00	265.00	265.00	265.00	242.00	214.00	193.00
4,900	265.00	265.00	265.00	265.00	265.00	247.00	219.00	197.00
5,000	265.00	265.00	265.00	265.00	265.00	265.00	265.00	265.00

Incomes over \$5,000 will have a fee of \$265.00 per day