

Sliding Fee Discount Chart

Table 1: Find Your Discount Column

Step 1: Find your household size row. **Step 2:** In that row, find your household income column. **Step 3:** View the same column in table 2 to view estimated charges.

Household size ↓	Income: Column A	Income: Column B	Income: Column C	Income: Column D	Income: Column E
1	\$18,810 or less	\$18,811 to \$25,018	\$25,019 to \$31,225	\$31,226 to \$37,620	\$37,621 and higher
2	\$25,540 or less	\$25,541 to \$33,969	\$33,970 to \$42,397	\$42,398 to \$51,080	\$51,081 and higher
3	\$32,270 or less	\$32,271 to \$42,920	\$42,921 to \$53,569	\$53,570 to \$64,540	\$64,541 and higher
4	\$39,000 or less	\$39,001 to \$51,870	\$51,871 to \$64,740	\$64,741 to \$78,000	\$78,001 and higher
5	\$45,730 or less	\$45,731 to \$60,821	\$60,822 to \$75,912	\$75,913 to \$91,460	\$91,461 and higher
6	\$52,460 or less	\$52,461 to \$69,772	\$69,773 to \$87,084	\$87,085 to \$104,920	\$104,921 and higher
7	\$59,190 or less	\$59,191 to \$78,723	\$78,724 to \$98,256	\$98,257 to \$118,380	\$118,381 and higher
8*	\$65,920 or less	\$65,921 to \$87,674	\$87,675 to \$109,428	\$109,429 to \$131,840	\$131,841 and higher

Example: Your household has 5 members. Your household’s annual income is \$40,000. You are in column A. View your estimated charges in table 2, column A.

***For each additional household member over 8,** add \$6,730 to the income limits for a household of 8. For example, your household has 9 members. Your household’s annual income is \$75,000. For a household of 9, column B’s income range is \$72,651 (\$65,921+\$6,730) to \$94,404 (\$87,674+\$6,730). You are in column B.

Table 2: View Your Estimated Charges

	Column A	Column B	Column C	Column D	Column E
Medical	\$20	\$30	\$40	\$50	No discount available. Charges will depend on the visit or service type.
Behavioral	\$5	\$10	\$15	\$20	
Nutrition	\$5	\$10	\$15	\$20	
Dental visit A	\$40	\$50	\$70	\$80	
Dental visit B	\$85	\$110	\$140	\$175	
Lab visit	\$15	\$30	\$45	\$60	
X-ray visit	\$20	\$40	\$60	\$80	
Prescription medication	\$6/\$12 + 340B price	\$8/\$14 + 340B price	\$11/\$16 + 340B price	\$14/\$18 + 340B price	

Notes

Federal Poverty Level (FPL)

Each column represents a percentage of the Federal Poverty Level.

- Column A represents 100% or less.
- Column B represents 101% to 133%.
- Column C represents 134% to 166%.
- Column D represents 167% to 200%.
- Column E represents more than 200%.

Dental Costs

Dental supplies and lab costs are charged in addition to the visit charge.

- Dental visit A includes exams, cleanings, extractions, and fillings.
- Dental visit B includes crowns, root canals, and partials.

Prescription Medication Costs

For patients eligible for the sliding fee discount program, the cost of a prescription medication is the 340B drug price plus a discounted fee for dispensing the medication.

- 340B is a federal program that offers certain drugs at a discounted rate.
- The discounted dispensation fee varies based on the type of medication being dispensed.