



SLIDING FEE DISCOUNT SCHEDULE
Based on 2021 Federal Poverty Guidelines
Effective 04/01/2022-03/31/2023

Family Size	State and Privately Funded Discount											
	0-100%		101-133%		134-159%		160-200%		201-250%		251-400%	
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
1	\$0	\$13,590	\$13,591	\$18,075	\$18,076	\$21,608	\$21,609	\$27,180	\$27,181	\$33,975	\$33,976	\$54,360
2	\$0	\$18,310	\$18,311	\$24,352	\$24,353	\$29,113	\$29,114	\$36,620	\$36,621	\$45,775	\$45,776	\$73,240
3	\$0	\$23,030	\$23,031	\$30,630	\$30,631	\$36,618	\$36,619	\$46,060	\$46,061	\$57,575	\$57,576	\$92,120
4	\$0	\$27,750	\$27,751	\$36,908	\$36,909	\$44,123	\$44,124	\$55,500	\$55,501	\$69,375	\$69,376	\$111,000
5	\$0	\$32,470	\$32,471	\$43,185	\$43,186	\$51,627	\$51,628	\$64,940	\$64,941	\$81,175	\$81,176	\$129,880
6	\$0	\$37,190	\$37,191	\$49,463	\$49,464	\$59,132	\$59,133	\$74,380	\$74,381	\$92,975	\$92,976	\$148,760
7	\$0	\$41,910	\$41,911	\$55,740	\$55,741	\$66,637	\$66,638	\$83,820	\$83,821	\$104,775	\$104,776	\$167,640
8	\$0	\$46,630	\$46,631	\$62,018	\$62,019	\$74,142	\$74,143	\$93,260	\$93,261	\$116,575	\$116,576	\$186,520
9	\$0	\$51,350	\$51,351	\$68,296	\$68,297	\$81,647	\$81,648	\$102,700	\$102,701	\$128,375	\$128,376	\$205,400
10	\$0	\$56,070	\$56,071	\$74,573	\$74,574	\$89,151	\$89,152	\$112,140	\$112,141	\$140,175	\$140,176	\$224,280
11	\$0	\$60,790	\$60,791	\$80,851	\$80,852	\$96,656	\$96,657	\$121,580	\$121,581	\$151,975	\$151,976	\$243,160
12	\$0	\$65,510	\$65,511	\$87,128	\$87,129	\$104,161	\$104,162	\$131,020	\$131,021	\$163,775	\$163,776	\$262,040

For households with more than 12 persons, add \$4,720 for each additional person.

CICP & CS Rating	1	2	3	4	5	6
Medical Visit Nominal Fee	\$20	\$30	\$40	\$50	\$60	\$75
Medical Lab Nominal Fee	\$15	\$25	\$30	\$40	\$50	\$60
Medical Vaccine Nominal Fee	\$15	\$25	\$30	\$40	\$50	\$60
Medical PAD Nominal Fee	\$15	\$25	\$30	\$40	\$50	\$60

Rx Dispensing Fee*	\$2	\$3	\$4	\$5	\$6	\$7
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Radiology (Plain View)**	\$150	\$160	\$170	\$180	\$190	\$200
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Prenatal Bundle	\$1,100	\$1,320	\$1,540	\$1,760	\$1,980	\$2,090
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BH/SUD Individual Counseling Fee	\$10	\$15	\$25	\$30	\$40	\$50
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BH/SUD Brief Assessment Fee	\$0	\$2	\$3	\$4	\$5	\$6
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Family Planning Clinics (Title X)	1	2	3	4	5	5
Office Visit Copay	\$0	\$30	\$40	\$50	\$60	\$75
Lab Copay	\$0	\$25	\$30	\$40	\$50	\$60

Dental Level 1 (telehealth & preventive)	\$20	\$35	\$50	\$60	\$80	\$100
Dental Level 2 (restorative & surgical)	\$50	60%	70%	80%	90%	95%
Dental Level 3 (prosthetic & endo)	\$100	60%	70%	80%	90%	95%

For Sliding Fee Scales (CICP & CS) the patient Fee is the SMALLER of the actual charge or the established Nominal Fee for the family size and income.

Rx Dispensing only available to those without primary insurance

** Radiology (Plain View) contracted through 3rd party vendor Compass Peak Imaging.