



SLIDING FEE DISCOUNT SCHEDULE
Based on 2019 Federal Poverty Guidelines
Effective 04/01/2020-03/31/2021

Family Size	0-100%		101-133%		134-159%		160-200%		State Funded Discount 201-250%	
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
1	\$0	\$12,760	\$12,761	\$16,971	\$16,972	\$20,288	\$20,289	\$25,520	\$25,521	\$31,900
2	\$0	\$17,240	\$17,241	\$22,929	\$22,930	\$27,412	\$27,413	\$34,480	\$34,481	\$43,100
3	\$0	\$21,720	\$21,721	\$28,888	\$28,889	\$34,535	\$34,536	\$43,440	\$43,441	\$54,300
4	\$0	\$26,200	\$26,201	\$34,846	\$34,847	\$41,658	\$41,659	\$52,400	\$52,401	\$65,500
5	\$0	\$30,680	\$30,681	\$40,804	\$40,805	\$48,781	\$48,782	\$61,360	\$61,361	\$76,700
6	\$0	\$35,160	\$35,161	\$46,763	\$46,764	\$55,904	\$55,905	\$70,320	\$70,321	\$87,900
7	\$0	\$39,640	\$39,641	\$52,721	\$52,722	\$63,028	\$63,029	\$79,280	\$79,281	\$99,100
8	\$0	\$44,120	\$44,121	\$58,680	\$58,681	\$70,151	\$70,152	\$88,240	\$88,241	\$110,300
9	\$0	\$48,600	\$48,601	\$64,638	\$64,639	\$77,274	\$77,275	\$97,200	\$97,201	\$121,500
10	\$0	\$53,080	\$53,081	\$70,596	\$70,597	\$84,397	\$84,398	\$106,160	\$106,161	\$132,700
11	\$0	\$57,560	\$57,561	\$76,555	\$76,556	\$91,520	\$91,521	\$115,120	\$115,121	\$143,900
12	\$0	\$62,040	\$62,041	\$82,513	\$82,514	\$98,644	\$98,645	\$124,080	\$124,081	\$155,100

For households with more than 12 persons, add \$4,480 for each additional person.

*Any Service provided via telehealth will be discounted by 20%

CICP & CS Rating	1	2	3	4	5
Medical Visit Nominal Fee	\$20	\$30	\$40	\$50	\$60
Medical Lab/RX Nominal Fee	\$15	\$25	\$30	\$40	\$50

Radiology (Plain View)**	\$150	\$160	\$170	\$180	\$190
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Prenatal Bundle	\$900	\$1,080	\$1,260	\$1,440	\$1,620
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BH Brief Assessment (Soft Handoff)	\$0	\$2	\$3	\$4	\$5
BH Individual Counseling Fee	\$10	\$15	\$25	\$30	\$40
BH Group Counseling Fee	\$5	\$10	\$15	\$20	\$25

SUD Individual Counseling Fee	\$10	\$15	\$25	\$30	\$40
SUD Assessment Fee	\$75	\$90	\$105	\$120	\$135
SUD Group Counseling (1hr)	\$5	\$10	\$15	\$20	\$25
SUD Group Counseling (2-3hr)	\$10	\$20	\$25	\$30	\$35

Family Planning Clinics (Title X)	1	2	3	4	5
Office Visit Nominal Fee	\$0	\$30	\$40	\$50	\$60
Lab/ RX Nominal Fee	\$0	\$25	\$30	\$40	\$50

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

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.

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