



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

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	\$12,760	\$12,761	\$16,971	\$16,972	\$20,288	\$20,289	\$25,520	\$25,521	\$31,900	\$31,901	\$51,040
2	\$0	\$17,240	\$17,241	\$22,929	\$22,930	\$27,412	\$27,413	\$34,480	\$34,481	\$43,100	\$43,101	\$68,960
3	\$0	\$21,720	\$21,721	\$28,888	\$28,889	\$34,535	\$34,536	\$43,440	\$43,441	\$54,300	\$54,301	\$86,880
4	\$0	\$26,200	\$26,201	\$34,846	\$34,847	\$41,658	\$41,659	\$52,400	\$52,401	\$65,500	\$65,501	\$104,800
5	\$0	\$30,680	\$30,681	\$40,804	\$40,805	\$48,781	\$48,782	\$61,360	\$61,361	\$76,700	\$76,701	\$122,720
6	\$0	\$35,160	\$35,161	\$46,763	\$46,764	\$55,904	\$55,905	\$70,320	\$70,321	\$87,900	\$87,901	\$140,640
7	\$0	\$39,640	\$39,641	\$52,721	\$52,722	\$63,028	\$63,029	\$79,280	\$79,281	\$99,100	\$99,101	\$158,560
8	\$0	\$44,120	\$44,121	\$58,680	\$58,681	\$70,151	\$70,152	\$88,240	\$88,241	\$110,300	\$110,301	\$176,480
9	\$0	\$48,600	\$48,601	\$64,638	\$64,639	\$77,274	\$77,275	\$97,200	\$97,201	\$121,500	\$121,501	\$194,400
10	\$0	\$53,080	\$53,081	\$70,596	\$70,597	\$84,397	\$84,398	\$106,160	\$106,161	\$132,700	\$132,701	\$212,320
11	\$0	\$57,560	\$57,561	\$76,555	\$76,556	\$91,520	\$91,521	\$115,120	\$115,121	\$143,900	\$143,901	\$230,240
12	\$0	\$62,040	\$62,041	\$82,513	\$82,514	\$98,644	\$98,645	\$124,080	\$124,081	\$155,100	\$155,101	\$248,160

For households with more than 12 persons, add \$4,480 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/RX Nominal Fee	\$15	\$25	\$30	\$40	\$50	\$60

Radiology (Plain View)**	\$150	\$160	\$170	\$180	\$190	\$200
Radiology In House	\$50	60%	70%	80%	90%	95%

Prenatal Bundle	\$900	\$1,080	\$1,260	\$1,440	\$1,620	\$1,800
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BH Brief Assessment	\$0	\$2	\$3	\$4	\$5	\$6
BH Individual Counseling Fee	\$10	\$15	\$25	\$30	\$40	\$50
BH Group Counseling Fee	\$5	\$10	\$15	\$20	\$25	\$30

SUD Individual Counseling Fee	\$10	\$15	\$25	\$30	\$40	\$50
SUD Assessment Fee	\$75	\$90	\$105	\$120	\$135	\$150
SUD Group Counseling (1hr)	\$5	\$10	\$15	\$20	\$25	\$30
SUD Group Counseling (2-3hr)	\$10	\$20	\$25	\$30	\$35	\$40

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.

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