



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

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	\$12,880	\$12,881	\$17,130	\$17,131	\$20,479	\$20,480	\$25,760	\$25,761	\$32,200	\$32,201	\$51,520
2	\$0	\$17,420	\$17,421	\$23,169	\$23,170	\$27,698	\$27,699	\$34,840	\$34,841	\$43,550	\$43,551	\$69,680
3	\$0	\$21,960	\$21,961	\$29,207	\$29,208	\$34,916	\$34,917	\$43,920	\$43,921	\$54,900	\$54,901	\$87,840
4	\$0	\$26,500	\$26,501	\$35,245	\$35,246	\$42,135	\$42,136	\$53,000	\$53,001	\$66,250	\$66,251	\$106,000
5	\$0	\$31,040	\$31,041	\$41,283	\$41,284	\$49,354	\$49,355	\$62,080	\$62,081	\$77,600	\$77,601	\$124,160
6	\$0	\$35,580	\$35,581	\$47,321	\$47,322	\$56,572	\$56,573	\$71,160	\$71,161	\$88,950	\$88,951	\$142,320
7	\$0	\$40,120	\$40,121	\$53,360	\$53,361	\$63,791	\$63,792	\$80,240	\$80,241	\$100,300	\$100,301	\$160,480
8	\$0	\$44,660	\$44,661	\$59,398	\$59,399	\$71,009	\$71,010	\$89,320	\$89,321	\$111,650	\$111,651	\$178,640
9	\$0	\$49,200	\$49,201	\$65,436	\$65,437	\$78,228	\$78,229	\$98,400	\$98,401	\$123,000	\$123,001	\$196,800
10	\$0	\$53,740	\$53,741	\$71,474	\$71,475	\$85,447	\$85,448	\$107,480	\$107,481	\$134,350	\$134,351	\$214,960
11	\$0	\$58,280	\$58,281	\$77,512	\$77,513	\$92,665	\$92,666	\$116,560	\$116,561	\$145,700	\$145,701	\$233,120
12	\$0	\$62,820	\$62,821	\$83,551	\$83,552	\$99,884	\$99,885	\$125,640	\$125,641	\$157,050	\$157,051	\$251,280

For households with more than 12 persons, add \$4,540 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/RX Nominal Fee	\$15	\$25	\$30	\$40	\$50	\$60

Radiology (Plain View)**	\$150	\$160	\$170	\$180	\$190	\$200
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Prenatal Bundle	\$900	\$1,080	\$1,260	\$1,440	\$1,620	\$1,800
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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.