

**To get Day of Service Discount, patient must pay at time of service**

Discount	A	B		C		D		E
	100%	101%-150% FPL		151%-175% FPL		176%-200% FPL		Greater than 200% FPL
Number of Household	100%	101%	150%	151%	175%	176%	200%	Over 200%
1	\$ 14,580	\$ 14,581	\$ 21,870	\$ 21,871	\$ 25,515	\$ 25,516	\$ 29,160	\$ 29,161
2	\$ 19,720	\$ 19,721	\$ 29,580	\$ 29,581	\$ 34,510	\$ 34,511	\$ 39,440	\$ 39,441
3	\$ 24,860	\$ 24,861	\$ 37,290	\$ 37,291	\$ 43,505	\$ 43,506	\$ 49,720	\$ 49,721
4	\$ 30,000	\$ 30,001	\$ 45,000	\$ 45,001	\$ 52,500	\$ 52,501	\$ 60,000	\$ 60,001
5	\$ 35,140	\$ 35,141	\$ 52,710	\$ 52,711	\$ 61,495	\$ 61,496	\$ 70,280	\$ 70,281
6	\$ 40,280	\$ 40,281	\$ 60,420	\$ 60,421	\$ 70,490	\$ 70,491	\$ 80,560	\$ 80,561
7	\$ 45,420	\$ 45,421	\$ 68,130	\$ 68,131	\$ 79,485	\$ 79,486	\$ 90,840	\$ 90,841
8	\$ 50,560	\$ 50,561	\$ 75,840	\$ 75,841	\$ 88,480	\$ 88,481	\$ 101,120	\$ 101,121
9	\$ 55,700	\$ 55,701	\$ 83,550	\$ 83,551	\$ 97,475	\$ 97,476	\$ 111,400	\$ 111,401
10	\$ 60,840	\$ 60,841	\$ 91,260	\$ 91,261	\$ 106,470	\$ 106,471	\$ 121,680	\$ 121,681
11	\$ 65,980	\$ 65,981	\$ 98,970	\$ 98,971	\$ 115,465	\$ 115,466	\$ 131,960	\$ 131,961
12	\$ 71,120	\$ 71,121	\$ 106,680	\$ 106,681	\$ 124,460	\$ 124,461	\$ 142,240	\$ 142,241

For families/households with more than 12 persons add \$5,140 for each additional person

**Medical Services**

Copay	A	B	C	D	Not Eligible for Sliding Fee
Provider Visit (with/without Procedure)	\$15 Nominal fee	\$20	\$25	\$30	Please Request Quote - 50% Same Day Discount Available
Send out/In house labs	\$0	\$5 (qty-1) \$10 (qty 2 or more)	\$7 (qty-1) \$14 (qty 2 or more)	\$10 (qty-1) \$20 (qty 2 or more)	Please Request Quote - 50% Same Day Discount Available
Inj/Vaccine	\$0	\$5	\$7	\$10	Please Request Quote - 50% Same Day Discount Available

**Excluded DME, circumcisions, hospital and/or delivery charges.**

**Mental Health Services**

Copay	A	B	C	D	Rate per Session
Psychiatry and Counseling Services	\$15 Nominal fee	\$20	\$25	\$30	\$65 per session

**Dental Services**

Copay	A	B	C	D	Rate per Visit
Dental Services Provided Eff. 2/21/23: Oral Exams, Cleanings, X-Rays, Extractions, Fillings, Application of Fluorides, Application of Sealants, Treatment of Dental Pain	\$15 Nominal fee	\$20	\$25	\$30	Please See Fee Schedule

**Excluded dental specialty services - will be referred to outside dental specialists.**



Discount	A	B		C		D		E
	100%	75%		50%		25%		0%
Number of Household	100%	101%	150%	151%	200%	201%	250%	Over 250%
1	\$ 14,580	\$ 14,581	\$ 21,870	\$ 21,871	\$ 29,160	\$ 29,161	\$ 36,450	\$ 36,451
2	\$ 19,720	\$ 19,721	\$ 29,580	\$ 29,581	\$ 39,440	\$ 39,441	\$ 49,300	\$ 49,301
3	\$ 24,860	\$ 24,861	\$ 37,290	\$ 37,291	\$ 49,720	\$ 49,721	\$ 62,150	\$ 62,151
4	\$ 30,000	\$ 30,001	\$ 45,000	\$ 45,001	\$ 60,000	\$ 60,001	\$ 75,000	\$ 75,001
5	\$ 35,140	\$ 35,141	\$ 52,710	\$ 52,711	\$ 70,280	\$ 70,281	\$ 87,850	\$ 87,851
6	\$ 40,280	\$ 40,281	\$ 60,420	\$ 60,421	\$ 80,560	\$ 80,561	\$ 100,700	\$ 100,701
7	\$ 45,420	\$ 45,421	\$ 68,130	\$ 68,131	\$ 90,840	\$ 90,841	\$ 113,550	\$ 113,551
8	\$ 50,560	\$ 50,561	\$ 75,840	\$ 75,841	\$ 101,120	\$ 101,121	\$ 126,400	\$ 126,401
9	\$ 55,700	\$ 55,701	\$ 83,550	\$ 83,551	\$ 111,400	\$ 111,401	\$ 139,250	\$ 139,251
10	\$ 60,840	\$ 60,841	\$ 91,260	\$ 91,261	\$ 121,680	\$ 121,681	\$ 152,100	\$ 152,101
11	\$ 65,980	\$ 65,981	\$ 98,970	\$ 98,971	\$ 131,960	\$ 131,961	\$ 164,950	\$ 164,951
12	\$ 71,120	\$ 71,121	\$ 106,680	\$ 106,681	\$ 142,240	\$ 142,241	\$ 177,800	\$ 177,801
For families/households with more than 12 persons add \$5,140 for each additional person								