

SLIDING FEE DISCOUNT PROGRAM SUMMARY

EFFECTIVE MAY 1, 2019

Patients must complete a "Statement of Income" to verify if you are eligible for sliding fee discount and submit supporting documents to determine eligibility for participation in the program.

Eligibility is re-certified every year. Participating members receive discounts on services, as summarized below:

ELIGIBILITY DETERMINATION FOR MEDICAL AND DENTAL SERVICES

% of Federal Poverty Limit (FPL)	100% and Under		100.01-138%		138.01-150%		150.01-200%		200.01-250%		250.01-300%	
	From	To	From	To	From	To	From	To	From	To	From	To
1	\$0	\$12,490	\$12,491	\$17,236	\$17,237	\$18,735	\$18,736	\$24,980	\$24,981	\$31,225	\$31,226	\$37,470
2	\$0	\$16,910	\$16,911	\$23,336	\$23,337	\$25,365	\$25,366	\$33,820	\$33,821	\$42,275	\$42,276	\$50,730
3	\$0	\$21,330	\$21,331	\$29,435	\$29,436	\$31,995	\$31,996	\$42,660	\$42,661	\$53,325	\$53,326	\$63,990
4	\$0	\$25,750	\$25,751	\$35,535	\$35,536	\$38,625	\$38,626	\$51,500	\$51,501	\$64,375	\$64,376	\$77,250
5	\$0	\$30,170	\$30,171	\$41,635	\$41,636	\$45,255	\$45,256	\$60,340	\$60,341	\$75,425	\$75,426	\$90,510
6	\$0	\$34,590	\$34,591	\$47,734	\$47,735	\$51,885	\$51,886	\$69,180	\$69,181	\$86,475	\$86,476	\$103,770
7	\$0	\$39,010	\$39,011	\$53,834	\$53,835	\$58,515	\$58,516	\$78,020	\$78,021	\$97,525	\$97,526	\$117,030
8	\$0	\$43,430	\$43,431	\$59,933	\$59,934	\$65,145	\$65,146	\$86,860	\$86,861	\$108,575	\$108,576	\$130,290
For each additional person	add \$4,420		add \$6,100		add \$6,630		add \$8,840		add \$11,050		add \$13,260	

MEDICAL - NOMINAL FEES

% of Federal Poverty Limit (FPL)	100% and Under	100.01-138%	138.01-150%	150.01-200%
<i>Fee (per visit)</i>	\$0	\$1	\$10	\$15

DENTAL Level I, II and III - NOMINAL FEES PER VISIT

<i>% of Federal Poverty Limit (FPL)</i>	100% and Under	100.01-138%	138.01-150%	150.01-200%
<i>Level I and II (Nominal Fee - per Visit)</i>	\$25	\$50	\$60	\$70
<i>Level III (Nominal Fee – per Visit)</i>	\$40	\$80	\$90	\$100

Level I Services: Acute emergency dental services – include all necessary treatment for management of any dental emergencies, as determined by the dentist. Covered services: Emergency treatment to alleviate pain due to caries, infection or trauma.

Level II Services: Prevention and diagnostic services – intend to prevent the onset of dental disease and include all required X-rays, oral examination, including cancer screening, cleaning and fluoride application, oral health education, sealant and CAMBRA care.

Level III Services: Basic Restorative Treatment- including regular fillings, basic endodontic, nonsurgical periodontal therapy, oral surgery including extractions and minor surgeries.

****Note: Level III, IV and V are services not categorized as either acute or prevention diagnosis.**

DENTAL Level IV and V - NOMINAL FEES (MAXIMUM PAYMENT DUE PER PROCEDURE/NOT PER VISIT)

<i>% of Federal Poverty Limit (FPL)</i>	100% and Under	101-138%	138.01-150%	150.01-200%
<i>Level IV (Nominal Fee – per Procedure)</i>	\$200	\$300	\$400	\$500
<i>Level V (Nominal Fee – per Procedure)</i>	\$400	\$500	\$700	\$800

Level IV Services: Any treatment that requires outside lab work – including crowns, dentures, partial dentures, interim partial dentures, mouth guards, etc.

Level V Services: Specialty Procedures including complex periodontal procedures.

NOTE: Levels IV and V services are procedures that may require multiple visits. As such, the Nominal Fee above for Levels IV and V represent the maximum costs to the patient and is not a per visit Nominal Fee. Costs for outside laboratory work are included in these Nominal Fees.