

SLIDING FEE DISCOUNT PROGRAM SUMMARY
EFFECTIVE MAY 1, 2020

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

<i>% of Federal Poverty Limit (FPL)</i>	100% and Under		100.01-138%		138.01-150%		150.01-200%		200.01-300%			
	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>		
1	\$0	\$12,760	\$12,761	\$17,609	\$17,610	\$19,140	\$19,141	\$25,520	\$25,521	\$38,280		
2	\$0	\$17,240	\$17,241	\$23,792	\$23,793	\$25,860	\$25,861	\$34,480	\$34,481	\$51,720		
3	\$0	\$21,720	\$21,721	\$29,974	\$29,975	\$32,580	\$32,581	\$43,440	\$43,441	\$65,160		
4	\$0	\$26,200	\$26,201	\$36,156	\$36,157	\$39,300	\$39,301	\$52,400	\$52,401	\$78,600		
5	\$0	\$30,680	\$30,681	\$42,339	\$42,340	\$46,020	\$46,021	\$61,360	\$61,361	\$92,040		
6	\$0	\$35,160	\$35,161	\$48,521	\$48,522	\$52,740	\$52,741	\$70,320	\$70,321	\$105,480		
7	\$0	\$39,640	\$39,641	\$54,704	\$54,705	\$59,460	\$59,461	\$79,280	\$79,281	\$118,920		
8	\$0	\$44,120	\$44,121	\$60,886	\$60,887	\$66,180	\$66,181	\$88,240	\$88,241	\$132,360		
<i>For each additional person</i>	<i>add</i>	<i>\$4,480</i>		<i>add</i>	<i>\$6,183</i>		<i>add</i>	<i>\$6,720</i>		<i>add</i>	<i>\$8,960</i>	
											<i>add</i>	<i>\$13,440</i>

MEDICAL - NOMINAL FEES

<i>% of Federal Poverty Limit (FPL)</i>	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.

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.