



**APPENDIX A**

EFFECTIVE JANUARY 2024

Patients must complete a "Statement of Income" to verify if they are eligible for a 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 (FPG) 2024	100% and Under		100.01-138%		138.01-150%		150.01-200%		200.01-300%*	
	From	To	From	To	From	To	From	To	From	To
1	\$0	\$15,060	\$15,061	\$20,783	\$20,784	\$22,590	\$22,591	\$45,180	\$45,181	\$60,240
2	\$0	\$20,440	\$20,441	\$28,207	\$28,208	\$30,660	\$30,661	\$61,320	\$61,321	\$81,760
3	\$0	\$25,820	\$25,821	\$35,632	\$35,633	\$38,730	\$38,731	\$77,460	\$77,461	\$103,280
4	\$0	\$31,200	\$31,201	\$43,056	\$43,057	\$46,800	\$46,801	\$93,600	\$93,601	\$124,800
5	\$0	\$36,580	\$36,581	\$50,480	\$50,481	\$54,870	\$54,871	\$109,740	\$109,741	\$146,320
6	\$0	\$41,960	\$41,961	\$57,905	\$57,906	\$62,940	\$62,941	\$125,880	\$125,881	\$167,840
7	\$0	\$47,340	\$47,341	\$65,329	\$65,330	\$71,010	\$71,011	\$142,020	\$142,021	\$189,360
8	\$0	\$52,720	\$52,721	\$72,754	\$72,755	\$79,080	\$79,081	\$158,160	\$158,161	\$210,880
For each additional person		add \$5,380		add \$7,424		add \$12,910		add \$16,140		add \$21,520

\*The federal 330 Health Center Grant limits sliding fee discounts eligibility to individuals and families with annual incomes at or below 200% FPG. The 200.01-300% bracket is established for other grants or programs which permits sliding fee discounts at or below 300% of the current FPG.



**APPENDIX B**

**SLIDING FEE DISCOUNT PROGRAM SUMMARY**

**MEDICAL - NOMINAL FEES**

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

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

<i>% of Federal Poverty Guidelines (FPG)</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 the 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:** Preventive and Diagnostic Dental 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:** Levels III and IV are services not categorized as either acute or prevention diagnosis.

**DENTAL Level IV - MAXIMUM CHARGES DUE PER PROCEDURE/NOT PER VISIT)**

<i>% of Federal Poverty Guidelines (FPG)</i>	100% and Under	101-138%	138.01-150%	150.01-200%
<i>Level IV (Maximum Charge – per Procedure)</i>	\$200	\$300	\$400	\$500

**Level IV Services:** Any treatment that requires outside lab work – including crowns, dentures, partial dentures, interim partial dentures, mouth guards, etc. Services are procedures that may require multiple appointments and is not a per visit Nominal Fee.

**Note:** Payment and installment plans are available if needed.