APPENDIX A

EFFECTIVE January 13, 2026

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

Federal Poverty Guidelines (FPG) 2026	100% and Under		100.01-138%		138.01-150%		150.01-200%		This bracket is reserved for use by program other than the Section 330e Community Health Center Program 200.1-300%	
Income Range for Family Size	*From*	*To*	*From*	*To*	*From*	*To*	*From*	*To*	*From*	*To*
1	$0	$15,960	$15,961	$22,025	$22,026	$23,940	$23,941	$31,920	$31,921	$47,880
2	$0	$21,640	$21,641	$29,863	$29,864	$32,460	$32,461	$43,280	$43,281	$64,920
3	$0	$27,320	$27,321	$37,702	$37,703	$40,980	$40,981	$54,640	$54,641	$81,960
4	$0	$33,000	$33,001	$45,540	$45,541	$49,500	$49,501	$66,000	$66,001	$99,000
5	$0	$38,680	$38,681	$53,378	$53,379	$58,020	$58,021	$77,360	$77,361	$116,040
6	$0	$44,360	$44,361	$61,217	$61,218	$66,540	$66,541	$88,720	$88,721	$133,080
7	$0	$50,040	$50,041	$69,055	$69,056	$75,060	$75,061	$100,080	$100,081	$150,120
8	$0	$55,720	$55,721	$76,894	$76,895	$83,580	$83,581	$111,440	$111,441	$167,160
For each additional person		***add $5,680***		***add $7,838***		***add $8,520***		***add $11,360***		***add $17,040***

The federal 330 Health Center Grant limits sliding fee discounts eligibility to individuals and families with an annual income 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

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

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

% of Federal Poverty Guidelines (FPG)	100% and Under	100.01-138%	138.01-150%	150.01-200%
Level I and II (Nominal Fee - per Visit)	*$25*	*$50*	*$60*	*$70*
Level III (Nominal Fee – per Visit)	*$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)

% of Federal Poverty Guidelines (FPG)	100% and Under	101-138%	138.01-150%	150.01-200%
Level IV (Maximum Charge – per Procedure)	$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.