

**Medical and Dental - Sliding Fee Scale**

Based on 2020 Federal Poverty Guidelines  
Effective March 1, 2021



Sliding Fee Schedule	A		B		C		D		E		F
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above
1	\$0	\$12,880	\$12,881	\$17,774	\$17,775	\$19,320	\$19,321	\$22,540	\$22,541	\$25,760	\$25,761
2	\$0	\$17,420	\$17,421	\$24,040	\$24,041	\$26,130	\$26,131	\$30,485	\$30,486	\$34,840	\$34,841
3	\$0	\$21,960	\$21,961	\$30,305	\$30,306	\$32,940	\$32,941	\$38,430	\$38,431	\$43,920	\$43,921
4	\$0	\$26,500	\$26,501	\$36,570	\$36,571	\$39,750	\$39,751	\$46,375	\$46,376	\$53,000	\$53,001
5	\$0	\$31,040	\$31,041	\$42,835	\$42,836	\$46,560	\$46,561	\$54,320	\$54,321	\$62,080	\$62,081
6	\$0	\$35,580	\$35,581	\$49,100	\$49,101	\$53,370	\$53,371	\$62,265	\$62,266	\$71,160	\$71,161
7	\$0	\$40,120	\$40,121	\$55,366	\$55,367	\$60,180	\$60,181	\$70,210	\$70,211	\$80,240	\$80,241
8	\$0	\$44,660	\$44,661	\$61,631	\$61,632	\$66,990	\$66,991	\$78,155	\$78,156	\$89,320	\$89,321
9	\$0	\$49,200	\$49,201	\$67,896	\$67,897	\$73,800	\$73,801	\$86,100	\$86,101	\$98,400	\$98,401
10	\$0	\$53,740	\$53,741	\$74,161	\$74,162	\$80,610	\$80,611	\$94,045	\$94,046	\$107,480	\$107,481
11	\$0	\$58,280	\$58,281	\$80,426	\$80,427	\$87,420	\$87,421	\$101,990	\$101,991	\$116,560	\$116,561
12	\$0	\$62,820	\$62,821	\$86,692	\$86,693	\$94,230	\$94,231	\$109,935	\$109,936	\$125,640	\$125,641
13	\$0	\$67,360	\$67,361	\$92,957	\$92,958	\$101,040	\$101,041	\$117,880	\$117,881	\$134,720	\$134,721
14	\$0	\$71,900	\$71,901	\$99,222	\$99,223	\$107,850	\$107,851	\$125,825	\$125,826	\$143,800	\$143,801
15	\$0	\$76,440	\$76,441	\$105,487	\$105,488	\$114,660	\$114,661	\$133,770	\$133,771	\$152,880	\$152,881
<b>For Each Additional Family Member Add:</b>	<b>\$4,540</b>		<b>\$6,265</b>		<b>\$6,810</b>		<b>\$7,945</b>		<b>\$9,080</b>		<b>\$9,081</b>
<b>Poverty Level %</b>	<b>≤100%</b>		<b>101%-138%</b>		<b>139%-150%</b>		<b>151%-175%</b>		<b>176%-200%</b>		<b>&gt; 200%</b>
<b>All Medical Visits / *Specialty</b>	<b>Nominal Fee: \$25</b>		<b>\$50</b>		<b>\$75</b>		<b>\$100</b>		<b>\$125</b>		<b>Full Cost</b>
<b>Dental - Nominal Fee and Flat Fee Charge (Discounted Fee Amount)</b>	<b>Nominal Fee: \$40</b>		<b>\$65</b>		<b>\$90</b>		<b>\$115</b>		<b>\$140</b>		<b>Full Cost</b>

\* Specialty: Psychiatry, Psychology, Gynecology, Obstetrics, Chiropractic, Acupuncture, Optometry, and Podiatry.