

**DISCOUNT FEE PROGRAM**  
**PERCENTAGE OF MAXIMUM CHARGES**  
**BASED ON FAMILY INCOME AND SIZE**

CATEGORY	Full Discount or Nominal Fee	LEVEL B 101%-125% FPL	LEVEL C 126%-150% FPL	D=151-175% 151%-175% FPL	E=176-200% 176%-200% FPL	
MEDICAL VISIT	Nominal Fee - \$25	\$40	\$50	\$55	\$60	
BEHAVIORAL HEALTH	Nominal Fee - \$10	\$15	\$20	\$25	\$30	
OBMAT	\$30 Weekly Fee	\$35 Weekly Fee for Therapist/Drug Screenings/Counselor Visits				
PHARMACY	Greater of \$4.00 or AAC+\$1.00	Greater of \$4.05 or AAC+\$1.05	Greater of \$4.10 or AAC+\$1.10	Greater of \$4.15 or AAC+\$1.15	Greater of \$4.20 or AAC+\$1.20	
VISION EXAM	Nominal Fee - \$25	\$30	\$35	\$40	\$45	
<i>VISION STAFF WILL ESTIMATE COST OF TREATMENT PLAN FOR ADDITIONAL SERVICES</i>						
DENTAL NEW PT	Nominal Fee - \$30	\$32	\$42	\$53	\$64	
DENTAL EST PT	Nominal Fee - \$25	\$30	\$40	\$50	\$60	
CLEANING	Nominal Fee - \$15	\$17	\$22	\$28	\$33	
<i>DENTAL STAFF WILL ESTIMATE COST OF TREATMENT PLAN FOR ADDITIONAL SERVICES</i>						
FAMILY SIZE	1	\$0 - \$12,760	\$12,761 - \$15,950	\$15,951 - \$19,140	\$19,141 - \$22,330	\$22,331 - \$25,520
	2	\$0 - \$17,240	\$17,241 - \$21,550	\$21,551 - \$25,860	\$25,861 - \$30,170	\$30,171 - \$34,480
	3	\$0 - \$21,720	\$21,721 - \$27,150	\$27,151 - \$32,580	\$32,581 - \$38,010	\$38,011 - \$43,440
	4	\$0 - \$26,200	\$26,201 - \$32,750	\$32,751 - \$39,300	\$39,301 - \$45,850	\$45,851 - \$52,400
	5	\$0 - \$30,680	\$30,681 - \$38,350	\$38,351 - \$46,020	\$46,021 - \$53,690	\$53,691 - \$61,360
	6	\$0 - \$35,160	\$35,161 - \$43,950	\$43,951 - \$52,740	\$52,741 - \$61,530	\$61,531 - \$70,320
	7	\$0 - \$39,640	\$39,641 - \$49,550	\$49,551 - \$59,460	\$59,461 - \$69,370	\$69,371 - \$79,280
	8	\$0 - \$44,120	\$44,121 - \$55,150	\$55,151 - \$66,180	\$66,181 - \$77,210	\$77,211 - \$88,240
	For more than 8	add per member \$4,480	add per member \$5,600	add per member \$6,720	add per member \$7,840	add per member \$8,960

**Based on annual update of Federal Poverty Income Guidelines. Effective January 30, 2020**

**FLAT RATE DOES NOT INCLUDE INJECTION MEDS OR SUPPLIES.**

**NOTES:**

\*If you are eligible for Medicaid, Healthy Families/Healthy Kids, or CHIP, but do not participate in the program, the Customer Resource Coordinator will assist you with enrollment in the appropriate benefit program.

\*If your insurance prohibits discount fees, the scale may not be used during your visit.

**Definitions:**

**Family Size:** All persons related by birth, marriage, or adoption who live together in the same housing unit (house, apartment, etc.) and are claimed as a dependent under IRS Rules and Regulations

**Income:** Taxable earned income, interest and dividend, retirement and social security income, unemployment benefits, alimony and child support.