**2024 Sliding Fee Schedule**

***Based on* 2024 Federal Poverty Guidelines**

The sliding fee program allows patients to apply for a “sliding” or adjusted fee rate for care & services. Eligibility for this program depends on your household income and the number of people in your household.  **Please note**: the sliding fee discount for dental and medical services is different.

El programa de tarifas variables se permite pacientes suplicar para un costo reducido por su atención. La elegibilidad para esta programa se basa en cuántos ingresos gana usted o su familia y cuántas personas hay en su casa. **Tenga en cuenta que** el programa de tarifas variables para atención dental y médica es diferente.

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| **Poverty Level** | **0-100%** |  | **>100%-133%** |  | **>133%-150%** |  | **>150%-200%** |  | **>200%** |
| **Plan Group** | **A (Nominal Fee)** |  | **B (Discounted Fee)** |  | **C (Discounted Fee)** |  | **D (Discounted Fee)** |  | **No Discount** |
| **Household Size** | **Above** | **At orBelow** |  | **Above** | **At orBelow** |  | **Above** | **At orBelow** |  | **Above** | **At orBelow** |  | **Above** |
| 1 | $0  | $15,060 |  | $15,060  | $20,030 |  | $20,030  | $22,590 |  | $22,590 | $30,120 |  | $30,120  |
| 2 | $0  | $20,440 |  | $20,440  | $27,185 |  | $27,185 | $30,660 |  | $30,660 | $40,880 |  | $40,880  |
| 3 | $0  | $25,820  |  | $25,820  | $34,341 |  | $34,341  | $38,730 |  | $38,730  | $51,640 |  | $51,640 |
| 4 | $0  | $31,200 |  | $31,200 | $41,496 |  | $41,496  | $46,800 |  | $46,800 | $62,400 |  | $62,400 |
| 5 | $0  | $36,580 |  | $36,580  | $48,651 |  | $48,651 | $54,870 |  | $54,870  | $73,160 |  | $73,160  |
| 6 | $0  | $41,960 |  | $41,960  | $55,807 |  | $55,807  | $62,940 |  | $62,940 | $83,920  |  | $83,920 |
| 7 | $0  | $47,340  |  | $47,340 | $62,962 |  | $62,962  | $71,010  |  | $71,010 | $94,680 |  | $94,680 |
| 8 | $0  | $52,720 |  | $52,720  | $70,118 |  | $70,118 | $79,080  |  | $79,080  | $105,440  |  | $105,440 |
| **Each additional member** | **$0/$5,380** |  | **$5,380/$7,155** |  | **$7,155/$8,070** |  | **$8,070/$10,760** |  | **>$10,760** |
| **Plan Code & Fee** | **Slide A****Medical $2Behavioral Health $2Dental $15** |  | **Slide B - Discounted****Medical $5Behavioral Health $5Dental $30** |  | **Slide C - Discounted****Medical $10Behavioral Health $10Dental $45** |  | **Slide D - Discounted****Medical $15Behavioral Health $15Dental $60** |  | **FullCharge** |

**\*NEW\* Laboratory services are included in the medical office visit discounted fee for Slide groups A, B, C, and D.**

**Effective Date January 17, 2024**

Additional fees may apply for certain services. Please ask for more information.

Pueden aplicarse cargos adicionales a ciertos servicios. Por favor, pida más información.

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| Our Front Officestaff will help youapply. Just ask! | Nuestro personal se ayudará con una solicitud.Simplemente se pide! |