SLIDING FEE SCHEDULE 01/13/2026 - 1/31/2027

Annual Income

FAMILY SIZE	FROM	TO	FROM	TO	FROM	TO	FROM	TO	From	TO	MORE THAN
	0%	100%	101%	125%	126%	150%	151%	200%	201%	250%	251%
1	$0	$15,960	$15,961	$19,950	$19,951	$23,940	$23,941	$31,920	$31,921	$39,900	$39,901
2	$0	$21,640	$21,641	$27,050	$27,051	$32,460	$32,461	$43,280	$43,281	$54,100	$54,101
3	$0	$27,320	$27,321	$34,150	$34,151	$40,980	$40,981	$54,640	$54,641	$68,300	$68,301
4	$0	$33,000	$33,001	$41,250	$41,251	$49,500	$49,501	$66,000	$66,001	$82,500	$82,501
5	$0	$38,680	$38,681	$48,350	$48,351	$58,020	$58,021	$77,360	$77,361	$96,700	$96,701
6	$0	$44,360	$44,361	$55,450	$55,451	$66,540	$66,541	$88,720	$88,721	$110,900	$110,901
7	$0	$50,040	$50,041	$62,550	$62,551	$75,060	$75,061	$100,080	$100,081	$125,100	$125,101
8	$0	$55,720	$55,721	$69,650	$69,651	$83,580	$83,581	$111,440	$111,441	$139,300	$139,301

For families/households with more than 8 persons, add $5680 for each additional person.

Patient Pays	B	C	D	E	F	G
Medical and Behavioral Health Services *Each visit charged separately	$40.00	$50.00	$60.00	$70.00	100% of Charges	
Dental Screenings for Children, Preventative Services, Emergency Services	$40.00	$60.00	$80.00	$100.00	100% of Charges	
Sexual and Reproductive Health Services	$0.00	$20.00	$30.00	$40.00	$50.00	100% of Charges
Restorative Treatment, Basic Endodontic Services, Non-surgical periodontal care, basic oral surgery, space maintenance. This includes the night/athletic guard (Lab fee charged separately)	$40.00	$60.00	$80.00	$100.00	100% of Charges (lab fee included in charge)	
Crowns, Full and Partial Dentures (Lab fees charged separtely)	$40.00	$60.00	$80.00	$100.00	100% of Charges (lab fee included in charge)	
***Dental Insurance Patient**	40% Discount on Patient	35% Discount on Patient	30% Discount on Patient	25% Discount on Patient	No Discount	
Pharmacy Services per prescription-per 30 day or less supply (Actual Acquistion Cost (AAC) is charged separately per prescription)	$8.00+AAC	$10.00 +AAC	$12.00+AAC	$14.00+ACC	100% (U&C)	

***Services that do not have a Medicaid rate are a 60% discount**

PATIENT IS RESPONSIBLE FOR THE LESSER OF ACTUAL TOTAL CHARGES OR SLIDING FEE SCALE.

Reproductive health services are available only to individuals based on their reproductive health status as determined by their health care provider.