

APPENDICES A-MEDICAL 2021 FEDERAL POVERTY GUIDELINES

Note: The 100% column shows the federal poverty level for each family size, and the percentage columns that follow represent income levels that are commonly used as guidelines for health programs.

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

| Household Size | Office Visits | | | | | |
|---------------------------------|---------------|----------|----------|----------|----------|------------|
| | \$30 Nominal | 20% Pay | 40% Pay | 60% Pay | 80% Pay | Full Fee |
| | 100% | 101-125% | 126-150% | 151-175% | 176-200% | Above 200% |
| 1 | \$12,880 | \$16,100 | \$19,320 | \$22,540 | \$25,760 | \$25,761 |
| 2 | 17,420 | \$21,775 | \$26,130 | \$30,485 | \$34,840 | \$34,841 |
| 3 | 21,960 | \$27,450 | \$32,940 | \$38,430 | \$43,920 | \$43,921 |
| 4 | 26,500 | \$33,125 | \$39,750 | \$46,375 | \$53,000 | \$53,001 |
| 5 | 31,040 | \$38,800 | \$46,560 | \$54,320 | \$62,080 | \$62,081 |
| 6 | 35,580 | \$44,475 | \$53,370 | \$62,265 | \$71,160 | \$71,161 |
| 7 | 40,120 | \$50,150 | \$60,180 | \$70,210 | \$80,240 | \$80,241 |
| 8 | 44,660 | \$55,825 | \$66,990 | \$78,155 | \$89,320 | \$89,321 |
| For each additional person, add | \$4,540 | | | | | |

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

| Household Size | Office Visits | | | | | |
|----------------|---------------|----------|----------|----------|----------|------------|
| | \$30 Nominal | 20% Pay | 40% Pay | 60% Pay | 80% Pay | Full Fee |
| | 100% | 101-125% | 126-150% | 151-175% | 176-200% | Above 200% |
| 1 | \$1,073 | \$1,342 | \$1,610 | \$1,878 | \$2,147 | \$2,148 |
| 2 | \$1,452 | \$1,815 | \$2,178 | \$2,540 | \$2,903 | \$2,904 |
| 3 | \$1,830 | \$2,288 | \$2,745 | \$3,203 | \$3,660 | \$3,661 |
| 4 | \$2,208 | \$2,760 | \$3,313 | \$3,865 | \$4,417 | \$4,418 |
| 5 | \$2,587 | \$3,233 | \$3,880 | \$4,527 | \$5,173 | \$5,174 |
| 6 | \$2,965 | \$3,706 | \$4,448 | \$5,189 | \$5,930 | \$5,931 |
| 7 | \$3,343 | \$4,179 | \$5,015 | \$5,851 | \$6,687 | \$6,688 |
| 8 | \$3,722 | \$4,652 | \$5,583 | \$6,513 | \$7,443 | \$7,444 |

NOTE: The monthly schedule is equal to the annual schedule divided by 12 months. Rounded to the nearest dollar.

Additional Sliding Fee Discounts based on level of family size & income

**Lab Draw Nominal Charge \$10 per service

** Lab Tests Nominal Charge \$15 per service

**Xray Nominal Charge \$45 per service

**Procedures Discounts starts at 50% of Full Fee per service

APPENDICES

C-BEHAVIORAL HEALTH

2021 FEDERAL POVERTY

GUIDELINES

Note: The 100% column shows the federal poverty level for each family size, and the percentage columns that follow represent income levels that are commonly used as guidelines for health programs.

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

| Household Size | Office Visits | | | | |
|---------------------------------|---------------|----------|----------|----------|------------|
| | \$50 Nominal | 60% Pay | 65% Pay | 70% Pay | Full Fee |
| | 100% | 101-125% | 126-150% | 151-200% | Above 200% |
| 1 | \$12,880 | \$16,100 | \$19,320 | \$25,760 | \$25,761 |
| 2 | 17,420 | \$21,775 | \$26,130 | \$34,840 | \$34,841 |
| 3 | 21,960 | \$27,450 | \$32,940 | \$43,920 | \$43,921 |
| 4 | 26,500 | \$33,125 | \$39,750 | \$53,000 | \$53,001 |
| 5 | 31,040 | \$38,800 | \$46,560 | \$62,080 | \$62,081 |
| 6 | 35,580 | \$44,475 | \$53,370 | \$71,160 | \$71,161 |
| 7 | 40,120 | \$50,150 | \$60,180 | \$80,240 | \$80,241 |
| 8 | 44,660 | \$55,825 | \$66,990 | \$89,320 | \$89,321 |
| For each additional person, add | \$4,540 | | | | |

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

| Household Size | Office Visits | | | | |
|----------------|---------------|----------|---------|----------|------------|
| | \$50 Nominal | 60% Pay | 65% Pay | 70% Pay | Full Fee |
| | 100% | 126-150% | | 176-200% | Above 200% |
| 1 | \$1,073 | \$1,342 | \$1,610 | \$2,147 | \$2,148 |
| 2 | \$1,452 | \$1,815 | \$2,178 | \$2,903 | \$2,904 |
| 3 | \$1,830 | \$2,288 | \$2,745 | \$3,660 | \$3,661 |
| 4 | \$2,208 | \$2,760 | \$3,313 | \$4,417 | \$4,418 |
| 5 | \$2,587 | \$3,233 | \$3,880 | \$5,173 | \$5,174 |
| 6 | \$2,965 | \$3,706 | \$4,448 | \$5,930 | \$5,931 |
| 7 | \$3,343 | \$4,179 | \$5,015 | \$6,687 | \$6,688 |
| 8 | \$3,722 | \$4,652 | \$5,583 | \$7,443 | \$7,444 |

NOTE: The monthly schedule is equal to the annual schedule divided by 12 months. Rounded to the nearest dollar.

Initial Evaluation \$100 Nominal
Office visit \$50 Nominal

APPENDICES B-DENTAL 2021 FEDERAL POVERTY GUIDELINES

Note: The 100% column shows the federal poverty level for each family size, and the percentage columns that follow represent income levels that are commonly used as guidelines for health programs.

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

| | \$20 Nominal/ 50% Pay | 55% Pay | 60% Pay | 70% Pay | 80% Pay | Full Fee |
|------------------------------------|--------------------------|----------|----------|----------|----------|------------|
| Household Size | 100% | 101-125% | 126-150% | 151-175% | 176-200% | Above 200% |
| 1 | \$12,880 | \$16,100 | \$19,320 | \$22,540 | \$25,760 | \$25,761 |
| 2 | 17,420 | \$21,775 | \$26,130 | \$30,485 | \$34,840 | \$34,841 |
| 3 | 21,960 | \$27,450 | \$32,940 | \$38,430 | \$43,920 | \$43,921 |
| 4 | 26,500 | \$33,125 | \$39,750 | \$46,375 | \$53,000 | \$53,001 |
| 5 | 31,040 | \$38,800 | \$46,560 | \$54,320 | \$62,080 | \$62,081 |
| 6 | 35,580 | \$44,475 | \$53,370 | \$62,265 | \$71,160 | \$71,161 |
| 7 | 40,120 | \$50,150 | \$60,180 | \$70,210 | \$80,240 | \$80,241 |
| 8 | 44,660 | \$55,825 | \$66,990 | \$78,155 | \$89,320 | \$89,321 |
| For each additional person, add | \$4,540 | | | | | |

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

| | \$20 Nominal/ 50% Pay | 55% Pay | 60% Pay | 70% Pay | 80% Pay | Full Fee |
|----------------|--------------------------|----------|----------|----------|----------|------------|
| Household Size | 100% | 101-125% | 126-150% | 151-175% | 176-200% | Above 200% |
| 1 | \$1,073 | \$1,342 | \$1,610 | \$1,878 | \$2,147 | \$2,148 |
| 2 | \$1,452 | \$1,815 | \$2,178 | \$2,540 | \$2,903 | \$2,904 |
| 3 | \$1,830 | \$2,288 | \$2,745 | \$3,203 | \$3,660 | \$3,661 |
| 4 | \$2,208 | \$2,760 | \$3,313 | \$3,865 | \$4,417 | \$4,418 |
| 5 | \$2,587 | \$3,233 | \$3,880 | \$4,527 | \$5,173 | \$5,174 |
| 6 | \$2,965 | \$3,706 | \$4,448 | \$5,189 | \$5,930 | \$5,931 |
| 7 | \$3,343 | \$4,179 | \$5,015 | \$5,851 | \$6,687 | \$6,688 |
| 8 | \$3,722 | \$4,652 | \$5,583 | \$6,513 | \$7,443 | \$7,444 |

NOTE: The monthly schedule is equal to the annual schedule divided by 12 months. Rounded to the nearest dollar.

**** Nominal Charge is \$20 on Preventive Services Only per service**
Additional Sliding Fee Discounts based on level of Family size & income
****Procedures Discounts start at 50% of Full Fee per service**