



2022 Sliding-Fee Discount Program Guidelines

FAMILY SIZE	ANNUAL HOUSEHOLD INCOME				
	A	B	C	D	E
1	\$0 - \$13,590	\$13,591 - \$18,075	\$18,076 - \$22,559	\$22,560 - \$27,180	\$27,181 or more
2	\$0 - \$18,310	\$18,311 - \$24,352	\$24,353 - \$30,395	\$30,396 - \$36,620	\$36,621 or more
3	\$0 - \$23,030	\$23,031 - \$30,630	\$30,631 - \$38,230	\$38,231 - \$46,060	\$46,061 or more
4	\$0 - \$27,750	\$27,750 - \$36,908	\$36,909 - \$46,065	\$46,066 - \$55,500	\$55,501 or more
5	\$0 - \$32,470	\$32,471 - \$43,185	\$43,186 - \$53,900	\$53,901 - \$64,940	\$64,941 or more
6	\$0 - \$37,190	\$37,191 - \$49,463	\$49,464 - \$61,735	\$61,736 - \$74,380	\$74,381 or more
7	\$0 - \$41,910	\$41,911 - \$55,740	\$55,741 - \$69,571	\$69,572 - \$83,820	\$83,821 or more
8*	\$0 - \$46,630	\$46,631 - \$62,018	\$62,019 - \$77,406	\$77,407 - \$93,260	\$93,261 or more

*For family units with more than eight members, add the following for each additional member:

A	B	C	D	E
\$4,720	\$6,278	\$7,835	\$9,440	\$9,441

Family size includes anyone living together that is related by birth, marriage or adoption.

Effective 1/25/21 and based on HHS 2021 Federal Poverty Guidelines. Updated 1/21/22.

SERVICE	PATIENT FEE				
	A	B	C	D	E
Medical/Behavioral /Optometry	\$15	\$25	\$50	\$75	Full charge
Pharmacy	\$5	\$10	\$15	\$20	Full charge
Dental, except as listed on page 2	\$35	\$50	\$80	\$115	Full charge



2022 Sliding-Fee Discount Program (Expanded Dental Services)

Denture Services:

- Add clasp to partial \$100
- Add tooth to partial \$85
- Repair missing / broken tooth \$85
- Complete denture base repair \$150
- Repair partial denture base \$150
- Denture adjustment \$75
- Core build up \$100
- Post and core build up \$150
- Full Denture – upper \$690
- Full Denture – lower \$690
- Partial Denture – Metal \$660
- Partial Denture – Resin \$610

Crowns:

- Porcelain \$775
- Metal \$825

Other Dental Services:

- Occlusal Guard \$200
- Flipper \$200