



**2019**

Effective 1/1/2019 Updated 1/31/2019  
Based on HHS 2019 Federal Poverty Guidelines

**Medical, Pharmacy & Dental Program Sliding Fee Discount Guidelines**

	<b>A (See Note 1)</b>		<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>MEDICAL/BEHAVIORAL</b>	Pt. Pays	Nominal Fee \$15	Flat Fee \$25	Flat Fee \$50	Flat Fee \$75	Full Charge
<b>PHARMACY</b>	Pt. Pays	Nominal Fee \$5	Flat Fee \$10	Flat Fee \$15	Flat Fee \$20	Full Charge
<b>DENTAL</b>	Pt. Pays	Nominal Fee \$35	Flat Fee \$50	Flat Fee \$80	Flat Fee \$115	Full Charge
	<b>% of FPL</b>	<b>≤ 100%</b>	<b>&gt;100%-133%</b>	<b>&gt;133%-166%</b>	<b>&gt;166%-200%</b>	<b>&gt;200%</b>
	1	\$ 12,490	\$ 16,612	\$ 20,733	\$ 24,980	\$ 24,981
	2	\$ 16,910	\$ 22,490	\$ 28,071	\$ 33,820	\$ 33,821
	3	\$ 21,330	\$ 28,369	\$ 35,408	\$ 42,660	\$ 42,661
	4	\$ 25,750	\$ 34,248	\$ 42,745	\$ 51,500	\$ 51,501
	5	\$ 30,170	\$ 40,126	\$ 50,082	\$ 60,340	\$ 60,341
	6	\$ 34,590	\$ 46,005	\$ 57,419	\$ 69,180	\$ 69,181
	7	\$ 39,010	\$ 51,883	\$ 64,757	\$ 78,020	\$ 78,021
	8*	\$ 43,430	\$ 57,762	\$ 72,094	\$ 86,860	\$ 86,861

**Note 1: For Eligible Slide A patients seen at Broadway WH - the \$15 MEDICAL patient payment is collected MONTHLY vs. per Visit.**

\* For family units with more than 8 members, add the following for each additional member:

MEDICAL, PHARMACY & DENTAL		
≤ 100%	\$	4,420
>100%-133%	\$	5,879
>133%- 166%	\$	7,337
>166%-200%	\$	8,840
>200%	\$	8,841