



2023 Sliding-Fee Discount Program Guidelines

FAMILY SIZE	ANNUAL HOUSEHOLD INCOME				
	A	B	C	D	E
1	\$0 - \$14,580	\$14,581 - \$19,391	\$19,392 - \$24,203	\$24,204 - \$29,160	\$29,161 or more
2	\$0 - \$19,720	\$19,721 - \$26,228	\$26,229 - \$32,735	\$32,736 - \$39,440	\$39,441 or more
3	\$0 - \$24,860	\$24,861 - \$33,064	\$33,065 - \$41,268	\$41,269 - \$49,720	\$49,721 or more
4	\$0 - \$30,000	\$30,001 - \$39,900	\$39,901 - \$49,800	\$49,801 - \$60,000	\$60,001 or more
5	\$0 - \$35,140	\$35,141 - \$46,736	\$46,737 - \$58,332	\$58,333 - \$70,280	\$70,281 or more
6	\$0 - \$40,280	\$40,281 - \$53,572	\$53,573 - \$66,865	\$66,866 - \$80,560	\$80,561 or more
7	\$0 - \$45,420	\$45,421 - \$60,409	\$60,410 - \$75,397	\$75,398 - \$90,840	\$90,841 or more
8*	\$0 - \$50,506	\$50,507 - \$67,245	\$67,246 - \$83,930	\$83,931 - \$101,120	\$101,121 or more

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

A	B	C	D	E
\$5,140	\$6,836	\$8,532	\$10,280	\$10,281

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 Clinical Services	\$5	\$10	\$15	\$20	Full charge
Dental, except as listed on page 2	\$35	\$50	\$80	\$115	Full charge



2023 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