

2024 Sliding-Fee Discount Program Guidelines

FAMILY	ANNUAL HOUSEHOLD INCOME				
SIZE	Α	В	С	D	E
1	\$0 - \$15,060	\$15,061 - \$20,030	\$20,031 – \$25,000	\$25,001 - \$30,120	\$30,121 or more
2	\$0 - \$20,440	\$20,441 - \$27,185	\$27,186 - \$33,930	\$33,931 - \$40,880	\$40,881 or more
3	\$0 - \$25,820	\$25,821 - \$34,341	\$34,342 - \$42,861	\$42,862 - \$51,640	\$51,641 or more
4	\$0 - \$31,200	\$31,201 - \$41,496	\$41,497 - \$51,792	\$51,793 - \$62,400	\$62,401 or more
5	\$0 - \$36,580	\$36,581 - \$48,651	\$48,652 - \$60,723	\$60,724 - \$73,160	\$73,161 or more
6	\$0 - \$41,960	\$41,961 - \$55,807	\$55,808 - \$69,654	\$69,655 - \$83,920	\$83,921 or more
7	\$0 - \$47,340	\$47,341 - \$62,962	\$62,963 - \$78,584	\$78,585 - \$94,680	\$94,681 or more
8*	\$0 - \$52,720	\$52,721 - \$70,118	\$70,119 - \$87,515	\$87,516 - \$105,440	\$105,441 or more

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

Α	В	С	D	E
\$5,380	\$7,155	\$8,931	\$10,760	\$10,761

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

Effective 1/17/24 and based on HHS 2024 Federal Poverty Guidelines.

SERVICE		PATIENT FEE			
SERVICE	Α	В	С	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	\$15	\$35	\$45	\$60	Full charge



2024 Sliding-Fee Discount Program (Expanded 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
•	Teeth Whitening	\$275

Crowns:

•	Porcelain	\$775
•	Metal	\$825

Other Dental Services:

•	Occlusal Guard	\$200
•	Flipper	\$200

Medical Procedures:

•	Nexplanon	\$ 300
•	IUD	\$ 300