

PrimeHealth+ Sliding Fee Scale									
Family/Level	N (Nominal)		Slide A		Slide B		Slide C		Full Fee
Federal Poverty Scale	0%-100%		100%-133%		134%-166%		167%-200%		Over 200%
	From	To	From	To	From	To	From	To	No Discount
1	0	\$15,650	\$15,651	\$20,815	\$20,816	\$25,979	\$25,980	\$31,300	Full Fee
2	0	\$21,150	\$21,151	\$28,130	\$28,131	\$35,109	\$35,110	\$42,300	Full Fee
3	0	\$26,650	\$26,651	\$35,445	\$35,446	\$44,239	\$44,240	\$53,300	Full Fee
4	0	\$32,150	\$32,151	\$42,760	\$42,761	\$53,369	\$53,370	\$64,300	Full Fee
5	0	\$37,650	\$37,651	\$50,075	\$50,076	\$62,499	\$62,500	\$75,300	Full Fee
6	0	\$43,150	\$43,151	\$57,390	\$57,391	\$71,629	\$71,630	\$86,300	Full Fee
7	0	\$48,650	\$48,651	\$64,705	\$64,706	\$80,759	\$80,760	\$97,300	Full Fee
8*	0	\$54,150	\$54,151	\$72,020	\$72,021	\$89,889	\$89,890	\$108,300	Full Fee
9	0	\$59,650	\$59,651	\$79,335	\$79,336	\$99,019	\$99,020	\$119,300	Full Fee
10 or *	0	\$65,150	\$65,151	\$86,650	\$86,651	\$108,149	\$108,150	\$130,300	Full Fee

For families with more than 8 persons, add \$5,500 per person.

No section 330 funding will be used to subsidize care for patients above 200% FPL.

Medical: PrimeHealth+ Sliding Fee Discount Schedule					
FPL Code	N (Nominal)	Slide A	Slide B	Slide C	Full Fee
Federal Poverty Scale	0%-100%	100%-133%	134%-166%	167%-200%	Over 200%
Medical Visit	\$25.00	\$35.00	\$45.00	\$55.00	Full Fee
Flu Shot, Hep B & Pneumococcal Vaccine	\$5.00	\$10.00	\$10.00	\$10.00	Full Fee
Rx Dispensing Fee	\$5.00	\$6.00	\$7.00	\$8.00	Full Fee
Nurse-Only Visit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LARC/IUD	Cost + Fee	Cost + Fee	Cost + Fee	Cost + Fee	Cost + Fee

Behavioral Health: PrimeHealth+ Sliding Fee Discount Schedule					
FPL Code	N (Nominal)	Slide A	Slide B	Slide C	Full Fee
Federal Poverty Scale	0%-100%	100%-133%	134%-166%	167%-200%	Over 200%
Behavioral Health	\$5.00	\$10.00	\$10.00	\$10.00	Full Fee

Dental: PrimeHealth+ Sliding Fee Discount Schedule					
FPL Code	N (Nominal)	Slide A	Slide B	Slide C	Full Fee
Federal Poverty Scale	0%-100%	100%-133%	134%-166%	167%-200%	Over 200%
Diagnostic/Preventative	\$10.00	40%	45%	50%	Full Fee
Restorative	\$20.00	40%	45%	50%	Full Fee
Periodontal	\$35.00	40%	45%	50%	Full Fee
Endodontics	\$15-\$50	40%	45%	50%	Full Fee
Prosthodontics	\$50-\$275	40%	45%	50%	Full Fee
Oral Surgery	\$15-\$1,000	40%	45%	50%	Full Fee
Adjunct Services	\$5-\$80	40%	45%	50%	Full Fee

All dental services are billed per procedure. As an example, a Nominal Fee patient has a visit with two Restorative procedures. The total patient fee would be 2 procedures x \$20/each for a total due of \$40.