

PrimeHealth+ Sliding Fee Scale									
Family/Level	N (Nominal)		Slide A		Slide B		Slide C		Full Fee
Federal Poverty Scale	0%-100%		101%-133%		134%-166%		167%-200%		Over 200%
	From	To	From	To	From	To	From	To	No Discount
1	0	\$15,960	\$15,961	\$21,277	\$21,288	\$26,494	\$26,495	\$31,920	Full Fee
2	0	\$21,640	\$21,641	\$28,781	\$28,782	\$35,922	\$35,923	\$43,280	Full Fee
3	0	\$27,320	\$27,321	\$36,336	\$36,337	\$45,351	\$45,352	\$54,640	Full Fee
4	0	\$33,000	\$33,001	\$43,890	\$43,891	\$54,780	\$54,781	\$66,000	Full Fee
5	0	\$38,680	\$38,681	\$51,444	\$51,445	\$64,209	\$64,210	\$77,360	Full Fee
6	0	\$44,360	\$44,361	\$58,999	\$59,000	\$73,638	\$73,639	\$88,720	Full Fee
7	0	\$50,040	\$50,041	\$66,553	\$66,554	\$83,066	\$83,067	\$100,080	Full Fee
8*	0	\$55,720	\$55,721	\$74,108	\$74,109	\$92,495	\$92,496	\$111,440	Full Fee
9	0	\$61,400	\$61,401	\$81,662	\$81,663	\$101,924	\$101,925	\$122,800	Full Fee
10 or *	0	\$67,080	\$67,081	\$89,216	\$89,217	\$111,353	\$111,354	\$134,160	Full Fee

For families with more than 8 persons, add \$5,680 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%	101%-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%	101%-133%	134%-166%	167%-200%	Over 200%
Behavioral Health	\$5.00	\$8.00	\$9.00	\$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%	101%-133%	134%-166%	167%-200%	Over 200%
Diagnostic/Preventative	\$5-\$95	40%	45%	50%	Full Fee
Restorative	\$20-\$300	40%	45%	50%	Full Fee
Periodontal	\$5-\$35	40%	45%	50%	Full Fee
Endodontics	\$20-\$175	40%	45%	50%	Full Fee
Prosthodontics	\$20-\$400	40%	45%	50%	Full Fee
Oral Surgery	\$20-\$1,000	40%	45%	50%	Full Fee
Adjunct Services	\$5-\$150	40%	45%	50%	Full Fee

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