

2025 Sliding-Fee Discount Program Guidelines

FAMILY SIZE	ANNUAL HOUSEHOLD INCOME				
	A	B	C	D	E
1	\$0 - \$15,650	\$15,651 - \$20,815	\$20,816 - \$25,979	\$25,980 - \$31,300	\$31,301 or more
2	\$0 - \$21,150	\$21,151 - \$28,130	\$28,131 - \$35,109	\$35,110 - \$42,300	\$42,301 or more
3	\$0 - \$26,650	\$26,651 - \$35,445	\$35,446 - \$44,239	\$44,240 - \$53,300	\$53,301 or more
4	\$0 - \$32,150	\$32,151 - \$42,760	\$42,761 - \$53,369	\$53,370 - \$64,300	\$64,301 or more
5	\$0 - \$37,650	\$37,651 - \$50,075	\$50,076 - \$62,499	\$62,500 - \$75,300	\$75,301 or more
6	\$0 - \$43,150	\$43,151 - \$57,390	\$57,391 - \$71,629	\$71,630 - \$86,300	\$86,301 or more
7	\$0 - \$48,650	\$48,651 - \$64,705	\$64,706 - \$80,759	\$80,760 - \$97,300	\$97,301 or more
8*	\$0 - \$54,150	\$54,151 - \$72,020	\$72,021 - \$88,889	\$88,890 - \$108,300	\$108,301 or more

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

A	B	C	D	E
\$5,500	\$7,315	\$9,130	\$11,000	\$11,000

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

Effective 1/17/25 and based on HHS 2025 Federal Poverty Guidelines.

SERVICE	PATIENT FEE				
	A	B	C	D	E
Medical/Behavioral/ Optometry, except as listed on page 2	\$15	\$25	\$50	\$75	Full charge
Pharmacy Clinical Services	\$5	\$10	\$15	\$20	Full charge
Pharmacy Dispensing Fee* PLUS cost of medication	\$5	\$7	\$10	\$15	Full charge
Dental, except as listed on page 2	\$15	\$35	\$45	\$60	Full charge

2025 Sliding-Fee Discount Program (Expanded Services)

Denture Services:

• Add clasp to partial	\$100
• Add tooth to partial	\$110
• Repair missing / broken tooth	\$110
• 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	\$720
• Full Denture – lower	\$720
• Immediate dentures-upper	\$690
• Immediate dentures-lower	\$690
• Partial Denture – Metal	\$690
• Partial Denture – Resin	\$640
• Reline	\$200
• Teeth Whitening	\$300

Crowns:

• Porcelain	\$775
• Metal	\$825

Other Dental Services:

• Occlusal Guard	\$250
• Flipper	\$250

Medical Procedures:

• Nexplanon	\$ 500
• IUD	\$ 500