



2026 Sliding-Fee Discount Program Guidelines

| FAMILY SIZE | ANNUAL HOUSEHOLD INCOME | | | | |
|-------------|-------------------------|---------------------|---------------------|----------------------|-------------------|
| | A | B | C | D | E |
| 1 | \$0 - \$15,960 | \$15,961 - \$21,227 | \$21,228 - \$26,494 | \$26,495 - \$31,920 | \$31,921 or more |
| 2 | \$0 - \$21,640 | \$21,641 - \$28,781 | \$28,782 - \$35,922 | \$35,923 - \$43,280 | \$43,281 or more |
| 3 | \$0 - \$27,320 | \$27,321 - \$36,336 | \$36,337 - \$45,351 | \$45,352 - \$54,640 | \$54,641 or more |
| 4 | \$0 - \$33,000 | \$33,001 - \$43,890 | \$43,891 - \$54,780 | \$54,781 - \$66,000 | \$66,001 or more |
| 5 | \$0 - \$38,680 | \$38,681 - \$51,444 | \$51,445 - \$64,209 | \$64,210 - \$77,360 | \$77,361 or more |
| 6 | \$0 - \$44,360 | \$44,361 - \$58,999 | \$59,000 - \$73,638 | \$73,639 - \$88,720 | \$88,721 or more |
| 7 | \$0 - \$50,040 | \$50,041 - \$66,553 | \$66,554 - \$83,066 | \$83,066 - \$100,080 | \$100,081 or more |
| 8* | \$0 - \$55,720 | \$55,721 - \$74,108 | \$74,109 - \$92,495 | \$92,495 - \$111,440 | \$111,441 or more |

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

| A | B | C | D | E |
|---------|---------|---------|----------|----------|
| \$5,659 | \$7,527 | \$9,395 | \$11,319 | \$11,319 |

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

Effective 1/13/26 and based on HHS 2026 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 |



Programs of Axess Family Services



2026 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 |

