

## SLIDING FEE DISCOUNT PROGRAM

### INCOME GUIDELINES FOR 2024 PATIENT MEDICAL, BEHAVIORAL HEALTH, AND PHARMACY SFSD SCHEDULE

#### MEDICAL/BEHAVIORAL HEALTH FEE SCHEDULE

SF Schedule		A	B		C		D		E		F	
Percent of Poverty		up to 100%	Over 100% & equal to 120%		Over 120% & equal to 140%		Over 140% & equal to 160%		Over 160% & equal to 180%		Over 180% & equal to 200%	
Discount:		100%										
Patient Pays:		<b>**\$10</b>	<b>\$ 20.00</b>		<b>\$ 30.00</b>		<b>\$ 40.00</b>		<b>\$ 60.00</b>		<b>\$ 80.00</b>	
Family Size	Federal Poverty Guidelines	Less than or equal to Poverty	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to
1	15,060	15,060	15,061	18,072	18,073	21,084	21,085	24,096	24,097	27,108	27,109	30,120
2	20,440	20,440	20,441	24,528	24,529	28,616	28,617	32,704	32,705	36,792	36,793	40,880
3	25,820	25,820	25,821	30,984	30,985	36,148	36,149	41,312	41,313	46,476	46,477	51,640
4	31,200	31,200	31,201	37,440	37,441	43,680	43,681	49,920	49,921	56,160	56,161	62,400
5	36,580	36,580	36,581	43,896	43,897	51,212	51,213	58,528	58,529	65,844	65,845	73,160
6	41,960	41,960	41,961	50,352	50,353	58,744	58,745	67,136	67,137	75,528	75,529	83,902
7	47,340	47,340	47,341	56,808	56,809	66,276	66,277	75,744	75,745	85,212	85,213	94,680
8	52,720	52,720	52,721	63,264	63,265	73,808	73,809	84,352	84,353	94,896	94,897	105,440
	5,380	**For family sizes greater than 8, add for each additional person										

#### PHARMACY FEE SCHEDULE

SF Schedule	Patient Pays†
A	\$5.00 fee per prescription with a \$30.00 maximum paid per month
B	\$6.00 per prescription
C	\$7.00 per prescription
D	\$8.00 per prescription
E	\$9.00 per prescription
F	\$10.00 per prescription
None	Patient pays 100% of charges*

**Source of Federal Poverty Guidelines:**

Poverty Guidelines are for the 48 Contiguous States and D.C. Alaska and Hawaii have different Guidelines.

The patient pays the percent or nominal charge, whichever is higher.

†Patient charges are calculated based on the supply cost of the medication plus inventory fees and dispensing fees.

\*Note: Patients with incomes exceeding 200% of the Federal Poverty Guidelines must pay full charges plus a \$5/prescription administrative fee. Nominal Fee is waived for patients at the school based health centers

# SLIDING FEE DISCOUNT PROGRAM

## INCOME GUIDELINES FOR 2024 PATIENT LABORATORY AND X-RAY SFSD SCHEDULE

### LABORATORY and X-RAY FEE SCHEDULE

SF Schedule		A	B		C		D		E		F	
Percent of Poverty		up to 100%	Over 100% & equal to 120%		Over 120% & equal to 140%		Over 140% & equal to 160%		Over 160% & equal to 180%		Over 180% & equal to 200%	
Discount:		90%	80%		70%		60%		40%		20%	
Patient Pays:		<b>10%*</b>	20%		30%		40%		60%		80%	
Family Size	Federal Poverty Guidelines	Less than or equal to Poverty	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to
1	15,060	15,060	15,061	18,072	18,073	21,084	21,085	24,096	24,097	27,108	27,109	30,120
2	20,440	20,440	20,441	24,528	24,529	28,616	28,617	32,704	32,705	36,792	36,793	40,880
3	25,820	25,820	25,821	30,984	30,985	36,148	36,149	41,312	41,313	46,476	46,477	51,640
4	31,200	31,200	31,201	37,440	37,441	43,680	43,681	49,920	49,921	56,160	56,161	62,400
5	36,580	36,580	36,581	43,896	43,897	51,212	51,213	58,528	58,529	65,844	65,845	73,160
6	41,960	41,960	41,961	50,352	50,353	58,744	58,745	67,136	67,137	75,528	75,529	83,902
7	47,340	47,340	47,341	56,808	56,809	66,276	66,277	75,744	75,745	85,212	85,213	94,680
8	52,720	52,720	52,721	63,264	63,265	73,808	73,809	84,352	84,353	94,896	94,897	105,440
	5,380	**For family sizes greater than 8, add for each additional person										

**Source of Federal Poverty Guidelines:**

Poverty Guidelines are for the 48 Contiguous States and D.C. Alaska and Hawaii have different Guidelines.

The patient pays the percent or nominal charge, whichever is higher.

†Patient charges are calculated based on the supply cost of the medication plus inventory fees and dispensing fees.

\*Note: Patients with incomes exceeding 200% of the Federal Poverty Guidelines must pay full charges plus a \$5/prescription administrative fee. Nominal Fee is waived for patients at the school based health centers

# SLIDING FEE DISCOUNT PROGRAM

## INCOME GUIDELINES FOR 2024 PATIENT DENTAL SFSD SCHEDULE

SF Schedule		A	B		C		D		E		F	
Percent of Poverty		up to 100%	Over 100% & equal to 120%		Over 120% & equal to 140%		Over 140% & equal to 160%		Over 160% & equal to 180%		Over 180% & equal to 200%	
Family Size	Federal Poverty Guidelines	Less than or equal to Poverty	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to
1	15,060	15,060	15,061	18,072	18,073	21,084	21,085	24,096	24,097	27,108	27,109	30,120
2	20,440	20,440	20,441	24,528	24,529	28,616	28,617	32,704	32,705	36,792	36,793	40,880
3	25,820	25,820	25,821	30,984	30,985	36,148	36,149	41,312	41,313	46,476	46,477	51,640
4	31,200	31,200	31,201	37,440	37,441	43,680	43,681	49,920	49,921	56,160	56,161	62,400
5	36,580	36,580	36,581	43,896	43,897	51,212	51,213	58,528	58,529	65,844	65,845	73,160
6	41,960	41,960	41,961	50,352	50,353	58,744	58,745	67,136	67,137	75,528	75,529	83,902
7	47,340	47,340	47,341	56,808	56,809	66,276	66,277	75,744	75,745	85,212	85,213	94,680
8	52,720	52,720	52,721	63,264	63,265	73,808	73,809	84,352	84,353	94,896	94,897	105,440
	5,380	**For family sizes greater than 8, add for each additional person										

Category									
Bundled Per Visit (PV) Category		10.00	30.00	45.00	60.00	70.00	80.00		
Procedures Category 1		10.00	12.00	15.00	20.00	30.00	45.00		
2		15.00	25.00	40.00	50.00	75.00	100.00		
3		25.00	35.00	55.00	75.00	110.00	150.00		
4		50.00	60.00	75.00	100.00	150.00	200.00		
5		100.00	125.00	150.00	200.00	225.00	250.00		
6		150.00	175.00	200.00	225.00	275.00	325.00		
7		235.00	250.00	275.00	300.00	325.00	350.00		
8		275.00	300.00	325.00	350.00	375.00	400.00		
9		450.00	525.00	600.00	675.00	775.00	900.00		
10		550.00	700.00	800.00	900.00	1,000.00	1,200.00		

**Source of Federal Poverty Guidelines:**

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\*Note: Patients with incomes exceeding 200% of the Federal Poverty Guidelines must pay full charges plus a \$5/prescription administrative fee. Nominal Fee is waived for patients at the school based health centers