

2017-2018 Federal Poverty Guidelines and Sliding Scale for Medical Services

(Only applicable for 200% of Federal Poverty Level or below)

Persons in Family or Household	Scale A		Scale B		Scale C		Scale D		Scale E
	0-100% FPL		101-138% FPL		139-150% FPL		151-200% FPL		>200% FPL
	Above	Below	Above	Below	Above	Below	Above	Below	At or above
1	\$0	\$ 12,060	\$ 12,061	\$ 16,643	\$ 16,644	\$ 18,090	\$ 18,091	\$ 24,120	\$ 24,120
2	\$0	\$ 16,240	\$ 16,241	\$ 22,411	\$ 22,412	\$ 24,360	\$ 24,361	\$ 32,480	\$ 32,480
3	\$0	\$ 20,420	\$ 20,421	\$ 28,180	\$ 28,181	\$ 30,630	\$ 30,631	\$ 40,840	\$ 40,840
4	\$0	\$ 24,600	\$ 24,601	\$ 33,948	\$ 33,949	\$ 36,900	\$ 36,901	\$ 49,200	\$ 49,200
5	\$0	\$ 28,780	\$ 28,781	\$ 39,716	\$ 39,717	\$ 43,170	\$ 43,171	\$ 57,560	\$ 57,560
6	\$0	\$ 32,960	\$ 32,961	\$ 45,485	\$ 45,486	\$ 49,440	\$ 49,441	\$ 65,920	\$ 65,920
7	\$0	\$ 37,140	\$ 37,141	\$ 51,253	\$ 51,254	\$ 55,710	\$ 55,711	\$ 74,280	\$ 74,280
8	\$0	\$ 41,320	\$ 41,321	\$ 57,022	\$ 57,023	\$ 61,980	\$ 61,981	\$ 82,640	\$ 82,640
For each additional person		\$ 4,180		\$ 5,768		\$ 6,270		\$ 8,360	\$ 8,360
Office Visit Fee	\$20.00		\$30.00		\$35.00		\$40.00		No discount
Laboratory, x-ray, procedures, injectables, and other diagnostic services are charged separately from the office visit.									
Nominal fee for all behavioral health services is \$10.00									

2017-2018 Nivel Federal de Pobreza y Escala de Pagos para Servicios Médicos

(Sólo aplicable para ingresos de 200% o menos del nivel federal de pobreza)

Personas en la familia o del hogar	Escala A		Escala B		Escala C		Escala D		Escala E
	0-100% FPL		101-138% FPL		139-150% FPL		151-200% FPL		>200% FPL
	Above	Below	Above	Below	Above	Below	Above	Below	At or above
1	\$0	\$ 12,060	\$ 12,061	\$ 16,643	\$ 16,644	\$ 18,090	\$ 18,091	\$ 24,120	\$ 24,120
2	\$0	\$ 16,240	\$ 16,241	\$ 22,411	\$ 22,412	\$ 24,360	\$ 24,361	\$ 32,480	\$ 32,480
3	\$0	\$ 20,420	\$ 20,421	\$ 28,180	\$ 28,181	\$ 30,630	\$ 30,631	\$ 40,840	\$ 40,840
4	\$0	\$ 24,600	\$ 24,601	\$ 33,948	\$ 33,949	\$ 36,900	\$ 36,901	\$ 49,200	\$ 49,200
5	\$0	\$ 28,780	\$ 28,781	\$ 39,716	\$ 39,717	\$ 43,170	\$ 43,171	\$ 57,560	\$ 57,560
6	\$0	\$ 32,960	\$ 32,961	\$ 45,485	\$ 45,486	\$ 49,440	\$ 49,441	\$ 65,920	\$ 65,920
7	\$0	\$ 37,140	\$ 37,141	\$ 51,253	\$ 51,254	\$ 55,710	\$ 55,711	\$ 74,280	\$ 74,280
8	\$0	\$ 41,320	\$ 41,321	\$ 57,022	\$ 57,023	\$ 61,980	\$ 61,981	\$ 82,640	\$ 82,640
Por cada persona adicional		\$ 4,180		\$ 5,768		\$ 6,270		\$ 8,360	\$ 8,360
Cobro de visitas médicas	\$20.00		\$30.00		\$35.00		\$40.00		No descuento
Laboratorios, radiografías, inyecciones y otros servicios diagnósticos se cobran aparte de la visita médica.									
El pago nominal para visitas de salud mental es \$10.									

2017-2018 Federal Poverty Guidelines and Sliding Scale for Dental Services

(Only applicable for 200% of Federal Poverty Level or below)

Persons in Family or Household	Pov Lvl A		Pov Lvl B		Pov Lvl C		Pov Lvl D		Pov Lvl E
	0-100% FPL		101-138% FPL		139-150% FPL		151-200% FPL		>200% FPL
	Except for Major Restorative Treatment								
	Above	Below	Above	Below	Above	Below	Above	Below	At or above
1	\$0	\$ 12,060	\$ 12,061	\$ 16,643	\$ 16,644	\$ 18,090	\$ 18,091	\$ 24,120	\$ 24,120
2	\$0	\$ 16,240	\$ 16,241	\$ 22,411	\$ 22,412	\$ 24,360	\$ 24,361	\$ 32,480	\$ 32,480
3	\$0	\$ 20,420	\$ 20,421	\$ 28,180	\$ 28,181	\$ 30,630	\$ 30,631	\$ 40,840	\$ 40,840
4	\$0	\$ 24,600	\$ 24,601	\$ 33,948	\$ 33,949	\$ 36,900	\$ 36,901	\$ 49,200	\$ 49,200
5	\$0	\$ 28,780	\$ 28,781	\$ 39,716	\$ 39,717	\$ 43,170	\$ 43,171	\$ 57,560	\$ 57,560
6	\$0	\$ 32,960	\$ 32,961	\$ 45,485	\$ 45,486	\$ 49,440	\$ 49,441	\$ 65,920	\$ 65,920
7	\$0	\$ 37,140	\$ 37,141	\$ 51,253	\$ 51,254	\$ 55,710	\$ 55,711	\$ 74,280	\$ 74,280
8	\$0	\$ 41,320	\$ 41,321	\$ 57,022	\$ 57,023	\$ 61,980	\$ 61,981	\$ 82,640	\$ 82,640
For each additional person		\$ 4,180.00		\$ 5,768		\$ 6,270		\$ 8,360	\$ 8,360
% Discount DENTAL	\$45/visit		49%		47%		45%		None

2017-2018 Nivel Federal de Pobreza y Escala de Pagos para Servicios Dentales

(Sólo aplicable para ingresos de 200% o menos del nivel federal de pobreza)

Personas en la familia o del hogar	Pov Lvl A		Pov Lvl B		Pov Lvl C		Pov Lvl D		Pov Lvl E
	0-100% FPL		101-138% FPL		139-150% FPL		151-200% FPL		>200% FPL
	Con la excepción de tratamiento de restauración mayor								
	Above	Below	Above	Below	Above	Below	Above	Below	At or above
1	\$0	\$ 12,060	\$ 12,061	\$ 16,643	\$ 16,644	\$ 18,090	\$ 18,091	\$ 24,120	\$ 24,120
2	\$0	\$ 16,240	\$ 16,241	\$ 22,411	\$ 22,412	\$ 24,360	\$ 24,361	\$ 32,480	\$ 32,480
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8	\$0	\$ 41,320	\$ 41,321	\$ 57,022	\$ 57,023	\$ 61,980	\$ 61,981	\$ 82,640	\$ 82,640
Por cada persona adicional agregue		\$ 4,180.00		\$ 5,768		\$ 6,270		\$ 8,360	\$ 8,360
% Descuento DENTAL	\$45/visit		49%		47%		45%		None

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