

## 2019-2020 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	\$ 12,490	\$ 12,491	\$ 17,236	\$ 17,237	\$ 18,735	\$ 18,736	\$ 24,980	\$ 24,980
2	\$0	\$ 16,910	\$ 16,911	\$ 23,336	\$ 23,337	\$ 25,365	\$ 25,366	\$ 33,820	\$ 33,820
3	\$0	\$ 21,330	\$ 21,331	\$ 29,435	\$ 29,436	\$ 31,995	\$ 31,996	\$ 42,660	\$ 42,660
4	\$0	\$ 25,750	\$ 25,751	\$ 35,535	\$ 35,536	\$ 38,625	\$ 38,626	\$ 51,500	\$ 51,500
5	\$0	\$ 30,170	\$ 30,171	\$ 41,635	\$ 41,636	\$ 45,255	\$ 45,256	\$ 60,340	\$ 60,340
6	\$0	\$ 34,590	\$ 34,591	\$ 47,734	\$ 47,735	\$ 51,885	\$ 51,886	\$ 69,180	\$ 69,180
7	\$0	\$ 39,010	\$ 39,011	\$ 53,834	\$ 53,835	\$ 58,515	\$ 58,516	\$ 78,020	\$ 78,020
8	\$0	\$ 43,430	\$ 43,431	\$ 59,933	\$ 59,934	\$ 65,145	\$ 65,146	\$ 86,860	\$ 86,860
For each additional person		\$ 4,420		\$ 6,100		\$ 6,630		\$ 8,840	\$ 8,840
<b>Office Visit Fee</b>	<b>\$20.00</b>		<b>\$30.00</b>		<b>\$35.00</b>		<b>\$40.00</b>		<b>No discount</b>
<b>Laboratory, x-ray, procedures, injectables, and other diagnostic services are charged separately from the office visit.</b>									
<b>Nominal fee for all behavioral health services is \$10.00</b>									

## 2019-2020 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	\$ 12,490	\$ 12,491	\$ 17,236	\$ 17,237	\$ 18,735	\$ 18,736	\$ 24,980	\$ 24,980
2	\$0	\$ 16,910	\$ 16,911	\$ 23,336	\$ 23,337	\$ 25,365	\$ 25,366	\$ 33,820	\$ 33,820
3	\$0	\$ 21,330	\$ 21,331	\$ 29,435	\$ 29,436	\$ 31,995	\$ 31,996	\$ 42,660	\$ 42,660
4	\$0	\$ 25,750	\$ 25,751	\$ 35,535	\$ 35,536	\$ 38,625	\$ 38,626	\$ 51,500	\$ 51,500
5	\$0	\$ 30,170	\$ 30,171	\$ 41,635	\$ 41,636	\$ 45,255	\$ 45,256	\$ 60,340	\$ 60,340
6	\$0	\$ 34,590	\$ 34,591	\$ 47,734	\$ 47,735	\$ 51,885	\$ 51,886	\$ 69,180	\$ 69,180
7	\$0	\$ 39,010	\$ 39,011	\$ 53,834	\$ 53,835	\$ 58,515	\$ 58,516	\$ 78,020	\$ 78,020
8	\$0	\$ 43,430	\$ 43,431	\$ 59,933	\$ 59,934	\$ 65,145	\$ 65,146	\$ 86,860	\$ 86,860
Por cada persona adicional		\$ 4,420		\$ 6,100		\$ 6,630		\$ 8,840	\$ 8,840
<b>Cobro de visitas médicas</b>	<b>\$20.00</b>		<b>\$30.00</b>		<b>\$35.00</b>		<b>\$40.00</b>		<b>No descuento</b>
<b>Laboratorios, radiografías, inyecciones y otros servicios diagnósticos se cobran aparte de la visita médica.</b>									
<b>El pago nominal para visitas de salud mental es \$10.</b>									

## 2019-2020 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
	<b>Except for Major Restorative Treatment</b>								
	Above	Below	Above	Below	Above	Below	Above	Below	At or above
1	\$0	\$ 12,490	\$ 12,491	\$ 17,236	\$ 17,237	\$ 18,735	\$ 18,736	\$ 24,980	\$ 24,980
2	\$0	\$ 16,910	\$ 16,911	\$ 23,336	\$ 23,337	\$ 25,365	\$ 25,366	\$ 33,820	\$ 33,820
3	\$0	\$ 21,330	\$ 21,331	\$ 29,435	\$ 29,436	\$ 31,995	\$ 31,996	\$ 42,660	\$ 42,660
4	\$0	\$ 25,750	\$ 25,751	\$ 35,535	\$ 35,536	\$ 38,625	\$ 38,626	\$ 51,500	\$ 51,500
5	\$0	\$ 30,170	\$ 30,171	\$ 41,635	\$ 41,636	\$ 45,255	\$ 45,256	\$ 60,340	\$ 60,340
6	\$0	\$ 34,590	\$ 34,591	\$ 47,734	\$ 47,735	\$ 51,885	\$ 51,886	\$ 69,180	\$ 69,180
7	\$0	\$ 39,010	\$ 39,011	\$ 53,834	\$ 53,835	\$ 58,515	\$ 58,516	\$ 78,020	\$ 78,020
8	\$0	\$ 43,430	\$ 43,431	\$ 59,933	\$ 59,934	\$ 65,145	\$ 65,146	\$ 86,860	\$ 86,860
For each additional person		\$ 4,420		\$ 6,100		\$ 6,630		\$ 8,840	\$ 8,840
<b>% Discount DENTAL</b>	\$50/preventive visit \$50/restorative treatment		<b>49%</b>		<b>47%</b>		<b>45%</b>		<b>Full Charge</b>
			<b>*Major restorative procedures have varying discount levels.</b>						

## 2019-2020 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
	<b>Con la excepción de tratamiento de restauración mayor</b>								
	Above	Below	Above	Below	Above	Below	Above	Below	At or above
1	\$0	\$ 12,490	\$ 12,491	\$ 17,236	\$ 17,237	\$ 18,735	\$ 18,736	\$ 24,980	\$ 24,980
2	\$0	\$ 16,910	\$ 16,911	\$ 23,336	\$ 23,337	\$ 25,365	\$ 25,366	\$ 33,820	\$ 33,820
3	\$0	\$ 21,330	\$ 21,331	\$ 29,435	\$ 29,436	\$ 31,995	\$ 31,996	\$ 42,660	\$ 42,660
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5	\$0	\$ 30,170	\$ 30,171	\$ 41,635	\$ 41,636	\$ 45,255	\$ 45,256	\$ 60,340	\$ 60,340
6	\$0	\$ 34,590	\$ 34,591	\$ 47,734	\$ 47,735	\$ 51,885	\$ 51,886	\$ 69,180	\$ 69,180
7	\$0	\$ 39,010	\$ 39,011	\$ 53,834	\$ 53,835	\$ 58,515	\$ 58,516	\$ 78,020	\$ 78,020
8	\$0	\$ 43,430	\$ 43,431	\$ 59,933	\$ 59,934	\$ 65,145	\$ 65,146	\$ 86,860	\$ 86,860
Por cada persona adicional		\$ 4,420		\$ 6,100		\$ 6,630		\$ 8,840	\$ 8,840
<b>% Discount DENTAL</b>	\$50 por visita preventiva \$50 por tratamiento		<b>49%</b>		<b>47%</b>		<b>45%</b>		<b>Full Charge</b>
			<b>*Los niveles de descuento varían para los tratamientos de restauración mayor</b>						