

## 2021-2022 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	\$ 12,880	\$ 12,881	\$ 17,774	\$ 17,775	\$ 19,320	\$ 19,321	\$ 25,760	\$ 25,760
2	\$0	\$ 17,420	\$ 17,421	\$ 24,040	\$ 24,041	\$ 26,130	\$ 26,131	\$ 34,840	\$ 34,840
3	\$0	\$ 21,960	\$ 21,961	\$ 30,305	\$ 30,306	\$ 32,940	\$ 32,941	\$ 43,920	\$ 43,920
4	\$0	\$ 26,500	\$ 26,501	\$ 36,570	\$ 36,571	\$ 39,750	\$ 39,751	\$ 53,000	\$ 53,000
5	\$0	\$ 31,040	\$ 31,041	\$ 42,835	\$ 42,836	\$ 46,560	\$ 46,561	\$ 62,080	\$ 62,080
6	\$0	\$ 35,580	\$ 35,581	\$ 49,100	\$ 49,101	\$ 53,370	\$ 53,371	\$ 71,160	\$ 71,160
7	\$0	\$ 40,120	\$ 40,121	\$ 55,366	\$ 55,367	\$ 60,180	\$ 60,181	\$ 80,240	\$ 80,240
8	\$0	\$ 44,660	\$ 44,661	\$ 61,631	\$ 61,632	\$ 66,990	\$ 66,991	\$ 89,320	\$ 89,320
For each additional person		\$ 4,540		\$ 6,265		\$ 6,810		\$ 9,080	\$ 9,080
<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>									

## 2021-2022 Federal Poverty Guidelines and Sliding Scale for Medical Services

(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	\$ 12,880	\$ 12,881	\$ 17,774	\$ 17,775	\$ 19,320	\$ 19,321	\$ 25,760	\$ 25,760
2	\$0	\$ 17,420	\$ 17,421	\$ 24,040	\$ 24,041	\$ 26,130	\$ 26,131	\$ 34,840	\$ 34,840
3	\$0	\$ 21,960	\$ 21,961	\$ 30,305	\$ 30,306	\$ 32,940	\$ 32,941	\$ 43,920	\$ 43,920
4	\$0	\$ 26,500	\$ 26,501	\$ 36,570	\$ 36,571	\$ 39,750	\$ 39,751	\$ 53,000	\$ 53,000
5	\$0	\$ 31,040	\$ 31,041	\$ 42,835	\$ 42,836	\$ 46,560	\$ 46,561	\$ 62,080	\$ 62,080
6	\$0	\$ 35,580	\$ 35,581	\$ 49,100	\$ 49,101	\$ 53,370	\$ 53,371	\$ 71,160	\$ 71,160
7	\$0	\$ 40,120	\$ 40,121	\$ 55,366	\$ 55,367	\$ 60,180	\$ 60,181	\$ 80,240	\$ 80,240
8	\$0	\$ 44,660	\$ 44,661	\$ 61,631	\$ 61,632	\$ 66,990	\$ 66,991	\$ 89,320	\$ 89,320
Por cada persona adicional		\$ 4,540		\$ 6,265		\$ 6,810		\$ 9,080	\$ 9,080
<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>									

## 2021-2022 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	\$ 12,880	\$ 12,881	\$ 17,774	\$ 17,775	\$ 19,320	\$ 19,321	\$ 25,760	\$ 25,760
2	\$0	\$ 17,420	\$ 17,421	\$ 24,040	\$ 24,041	\$ 26,130	\$ 26,131	\$ 34,840	\$ 34,840
3	\$0	\$ 21,960	\$ 21,961	\$ 30,305	\$ 30,306	\$ 32,940	\$ 32,941	\$ 43,920	\$ 43,920
4	\$0	\$ 26,500	\$ 26,501	\$ 36,570	\$ 36,571	\$ 39,750	\$ 39,751	\$ 53,000	\$ 53,000
5	\$0	\$ 31,040	\$ 31,041	\$ 42,835	\$ 42,836	\$ 46,560	\$ 46,561	\$ 62,080	\$ 62,080
6	\$0	\$ 35,580	\$ 35,581	\$ 49,100	\$ 49,101	\$ 53,370	\$ 53,371	\$ 71,160	\$ 71,160
7	\$0	\$ 40,120	\$ 40,121	\$ 55,366	\$ 55,367	\$ 60,180	\$ 60,181	\$ 80,240	\$ 80,240
8	\$0	\$ 44,660	\$ 44,661	\$ 61,631	\$ 61,632	\$ 66,990	\$ 66,991	\$ 89,320	\$ 89,320
For each additional person		\$ 4,540		\$ 6,265		\$ 6,810		\$ 9,080	\$ 9,080
<b>% Discount DENTAL</b>	\$50/preventive visit		<b>49%</b>		<b>47%</b>		<b>45%</b>		<b>Full Charge</b>
	\$50/restorative treatment		<b>*Major restorative procedures have varying discount levels.</b>						

## 2021-2022 Federal Poverty Guidelines and Sliding Scale for Dental Services

(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	\$ 12,880	\$ 12,881	\$ 17,774	\$ 17,775	\$ 19,320	\$ 19,321	\$ 25,760	\$ 25,760
2	\$0	\$ 17,420	\$ 17,421	\$ 24,040	\$ 24,041	\$ 26,130	\$ 26,131	\$ 34,840	\$ 34,840
3	\$0	\$ 21,960	\$ 21,961	\$ 30,305	\$ 30,306	\$ 32,940	\$ 32,941	\$ 43,920	\$ 43,920
4	\$0	\$ 26,500	\$ 26,501	\$ 36,570	\$ 36,571	\$ 39,750	\$ 39,751	\$ 53,000	\$ 53,000
5	\$0	\$ 31,040	\$ 31,041	\$ 42,835	\$ 42,836	\$ 46,560	\$ 46,561	\$ 62,080	\$ 62,080
6	\$0	\$ 35,580	\$ 35,581	\$ 49,100	\$ 49,101	\$ 53,370	\$ 53,371	\$ 71,160	\$ 71,160
7	\$0	\$ 40,120	\$ 40,121	\$ 55,366	\$ 55,367	\$ 60,180	\$ 60,181	\$ 80,240	\$ 80,240
8	\$0	\$ 44,660	\$ 44,661	\$ 61,631	\$ 61,632	\$ 66,990	\$ 66,991	\$ 89,320	\$ 89,320
Por cada persona adicional		\$ 4,540		\$ 6,265		\$ 6,810		\$ 9,080	\$ 9,080
<b>% Discount DENTAL</b>	\$50 por visita preventiva		<b>49%</b>		<b>47%</b>		<b>45%</b>		<b>Full Charge</b>
	\$50 por tratamiento		<b>*Los niveles de descuento varían para los tratamientos de restauración mayor</b>						