

2022-2023 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	\$ 13,590	\$ 13,591	\$ 18,754	\$ 18,755	\$ 20,385	\$ 20,386	\$ 27,180	\$ 27,180
2	\$0	\$ 18,310	\$ 18,311	\$ 25,268	\$ 25,269	\$ 27,465	\$ 27,466	\$ 36,620	\$ 36,620
3	\$0	\$ 23,030	\$ 23,031	\$ 31,781	\$ 31,782	\$ 34,545	\$ 34,546	\$ 46,060	\$ 46,060
4	\$0	\$ 27,750	\$ 27,751	\$ 38,295	\$ 38,296	\$ 41,625	\$ 41,626	\$ 55,500	\$ 55,500
5	\$0	\$ 32,470	\$ 32,471	\$ 44,809	\$ 44,810	\$ 48,705	\$ 48,706	\$ 64,940	\$ 64,940
6	\$0	\$ 37,190	\$ 37,191	\$ 51,322	\$ 51,323	\$ 55,785	\$ 55,786	\$ 74,380	\$ 74,380
7	\$0	\$ 41,910	\$ 41,911	\$ 57,836	\$ 57,837	\$ 62,865	\$ 62,866	\$ 83,820	\$ 83,820
8	\$0	\$ 46,630	\$ 46,631	\$ 64,349	\$ 64,350	\$ 69,945	\$ 69,946	\$ 93,260	\$ 93,260
For each additional person		\$ 4,720		\$ 6,514		\$ 7,080		\$ 9,440	\$ 9,440
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									

2022-2023 Guías Federales de Niveles de Pobreza y Programa de Descuentos 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	\$ 13,590	\$ 13,591	\$ 18,754	\$ 18,755	\$ 20,385	\$ 20,386	\$ 27,180	\$ 27,180
2	\$0	\$ 18,310	\$ 18,311	\$ 25,268	\$ 25,269	\$ 27,465	\$ 27,466	\$ 36,620	\$ 36,620
3	\$0	\$ 23,030	\$ 23,031	\$ 31,781	\$ 31,782	\$ 34,545	\$ 34,546	\$ 46,060	\$ 46,060
4	\$0	\$ 27,750	\$ 27,751	\$ 38,295	\$ 38,296	\$ 41,625	\$ 41,626	\$ 55,500	\$ 55,500
5	\$0	\$ 32,470	\$ 32,471	\$ 44,809	\$ 44,810	\$ 48,705	\$ 48,706	\$ 64,940	\$ 64,940
6	\$0	\$ 37,190	\$ 37,191	\$ 51,322	\$ 51,323	\$ 55,785	\$ 55,786	\$ 74,380	\$ 74,380
7	\$0	\$ 41,910	\$ 41,911	\$ 57,836	\$ 57,837	\$ 62,865	\$ 62,866	\$ 83,820	\$ 83,820
8	\$0	\$ 46,630	\$ 46,631	\$ 64,349	\$ 64,350	\$ 69,945	\$ 69,946	\$ 93,260	\$ 93,260
Por cada persona adicional		\$ 4,720		\$ 6,514		\$ 7,080		\$ 9,440	\$ 9,440
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.									

2022-2023 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	\$ 13,590	\$ 13,591	\$ 18,754	\$ 18,755	\$ 20,385	\$ 20,386	\$ 27,180	\$ 27,180
2	\$0	\$ 18,310	\$ 18,311	\$ 25,268	\$ 25,269	\$ 27,465	\$ 27,466	\$ 36,620	\$ 36,620
3	\$0	\$ 23,030	\$ 23,031	\$ 31,781	\$ 31,782	\$ 34,545	\$ 34,546	\$ 46,060	\$ 46,060
4	\$0	\$ 27,750	\$ 27,751	\$ 38,295	\$ 38,296	\$ 41,625	\$ 41,626	\$ 55,500	\$ 55,500
5	\$0	\$ 32,470	\$ 32,471	\$ 44,809	\$ 44,810	\$ 48,705	\$ 48,706	\$ 64,940	\$ 64,940
6	\$0	\$ 37,190	\$ 37,191	\$ 51,322	\$ 51,323	\$ 55,785	\$ 55,786	\$ 74,380	\$ 74,380
7	\$0	\$ 41,910	\$ 41,911	\$ 57,836	\$ 57,837	\$ 62,865	\$ 62,866	\$ 83,820	\$ 83,820
8	\$0	\$ 46,630	\$ 46,631	\$ 64,349	\$ 64,350	\$ 69,945	\$ 69,946	\$ 93,260	\$ 93,260
For each additional person		\$ 4,720		\$ 6,514		\$ 7,080		\$ 9,440	\$ 9,440
% Discount DENTAL	\$50/preventive visit		49%		47%		45%		Full Charge
	\$50/restorative treatment		*Major restorative procedures have varying discount levels.						

2022-2023 Guías Federales de Niveles de Pobreza y Programa de Descuentos 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	\$ 13,590	\$ 13,591	\$ 18,754	\$ 18,755	\$ 20,385	\$ 20,386	\$ 27,180	\$ 27,180
2	\$0	\$ 18,310	\$ 18,311	\$ 25,268	\$ 25,269	\$ 27,465	\$ 27,466	\$ 36,620	\$ 36,620
3	\$0	\$ 23,030	\$ 23,031	\$ 31,781	\$ 31,782	\$ 34,545	\$ 34,546	\$ 46,060	\$ 46,060
4	\$0	\$ 27,750	\$ 27,751	\$ 38,295	\$ 38,296	\$ 41,625	\$ 41,626	\$ 55,500	\$ 55,500
5	\$0	\$ 32,470	\$ 32,471	\$ 44,809	\$ 44,810	\$ 48,705	\$ 48,706	\$ 64,940	\$ 64,940
6	\$0	\$ 37,190	\$ 37,191	\$ 51,322	\$ 51,323	\$ 55,785	\$ 55,786	\$ 74,380	\$ 74,380
7	\$0	\$ 41,910	\$ 41,911	\$ 57,836	\$ 57,837	\$ 62,865	\$ 62,866	\$ 83,820	\$ 83,820
8	\$0	\$ 46,630	\$ 46,631	\$ 64,349	\$ 64,350	\$ 69,945	\$ 69,946	\$ 93,260	\$ 93,260
Por cada persona adicional		\$ 4,720		\$ 6,514		\$ 7,080		\$ 9,440	\$ 9,440
% Descuento DENTAL	\$50 por visita preventiva		49%		47%		45%		Cargo Completo
	\$50 por tratamiento		*Los niveles de descuento varían para los tratamientos de restauración mayor						