

2025 Medical and Behavioral Health Sliding Fee Discount Scale

Based on current Federal Poverty Guidelines (FPG)

(1) If there are this many people in the household	(2) and the combined household yearly income is:									
поизенови	From	То	From	То	From	То	From	То	From	То
1	None	\$ 15,650	\$ 15,651	\$ 23,475	\$ 23,476		\$ 27,389	\$ 31,300		and above
2	None	\$ 21,150	\$ 21,151	, - , -	\$ 31,726		\$ 37,014	\$ 42,300		and above
3	None	\$ 26,650	\$ 26,651	\$ 39,975	\$ 39,976		\$ 46,639	\$ 53,300	, ,	and above
4	None	\$ 32,150	\$ 32,151	\$ 48,225	\$ 48,226		\$ 56,264	\$ 64,300		and above
5	None	\$ 37,650	\$ 37,651	\$ 56,475	\$ 56,476		\$ 65,889	\$ 75,300		and above
6	None	\$ 43,150	\$ 43,151	\$ 64,725	\$ 64,726		\$ 75,514	\$ 86,300		and above
7	None	\$ 48,650	\$ 48,651	\$ 72,975	\$ 72,976	\$ 85,138	\$ 85,139	\$ 97,300	\$ 97,301	and above
8	None	\$ 54,150	\$ 54,151	\$ 81,225	\$ 81,226	\$ 94,763	\$ 94,764	\$ 108,300	\$ 108,301	and above
9	None	\$ 59,650	\$ 59,651	\$ 89,475	\$ 89,476	\$ 104,388	\$ 104,389	\$ 119,300	\$ 119,301	and above
10	None	\$ 65,150	\$ 65,151	\$ 97,725	\$ 97,726	\$ 114,013	\$ 114,014	\$ 130,300	\$ 130,301	and above
11	None	\$ 70,650	\$ 70,651	\$ 105,975	\$ 105,976	\$ 123,638	\$ 123,639	\$ 141,300	\$ 141,301	and above
12	None	\$ 76,150	\$ 76,151	\$ 114,225	\$ 114,226	\$ 133,263	\$ 133,264	\$ 152,300	\$ 152,301	and above
13	None	\$ 81,650	\$ 81,651	\$ 122,475	\$ 122,476	\$ 142,888	\$ 142,889	\$ 163,300	\$ 163,301	and above
14	None	\$ 87,150	\$ 87,151	\$ 130,725	\$ 130,726		\$ 152,514	\$ 174,300	\$ 174,301	and above
each additional										
member	\$5,500		\$8,250		\$9,625		\$11,000			
add	7 - 7 - 2 -		7 -7		7-,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(3) then the fee is:	\$0		\$20		\$35		\$45		Full fee	
FPG %	100% FPG and		101-150% FPG		151-175% FPG		176-200% FPG		over 200%FPG	
	under									
	CLASS A		CLASS B		CLASS C		CLASS D			

2025 Sliding Fee Discount Fee Scale Based on Federal Poverty Guidelines(FPG) released January 15, 2025



2025 Dental Sliding Fee Discount Scale

Based on current Federal Poverty Guidelines (FPG)

fal if it	(0)					
(1) If there are this	(2) and the com	bined household yearly in	come is:			
many people in the household						
	From To	From To	From To	From To	From To	
1	None \$ 15,65		\$ 23,476 \$ 27,388	\$ 27,389 \$ 31,300	\$ 31,301 and above	
2	None \$ 21,15		\$ 31,726 \$ 37,013	\$ 37,014 \$ 42,300		
3	None \$ 26,65		\$ 39,976 \$ 46,638	\$ 46,639 \$ 53,300	\$ 53,301 and above	
4	None \$ 32,15		\$ 48,226 \$ 56,263	\$ 56,264 \$ 64,300	\$ 64,301 and above	
5	None \$ 37,65		\$ 56,476 \$ 65,888	\$ 65,889 \$ 75,300	\$ 75,301 and above	
6	None \$ 43,15		\$ 64,726 \$ 75,513	\$ 75,514 \$ 86,300	\$ 86,301 and above	
7	None \$ 48,65		\$ 72,976 \$ 85,138			
8	None \$ 54,15		\$ 81,226 \$ 94,763	\$ 94,764 \$ 108,300		
9	None \$ 59,65		\$ 89,476 \$ 104,388	\$ 104,389 \$ 119,300	' '	
10	None \$ 65,15		\$ 97,726 \$ 114,013		\$ 130,301 and above	
11	None \$ 70,65		\$ 105,976 \$ 123,638			
12	None \$ 76,15		\$ 114,226 \$ 133,263			
13	None \$ 81,65		\$ 122,476 \$ 142,888	\$ 142,889 \$ 163,300	\$ 163,301 and above	
14	None \$ 87,15	0 \$ 87,151 \$ 130,725	\$ 130,726 \$ 152,513	\$ 152,514 \$ 174,300	\$ 174,301 and above	
each additional	45	40	40.555	444		
member	\$5,500	\$8,250	\$9,625	\$11,000		
add						
(2) 46 am 45 - 5 - 1	\$35 per visit (n	st \$50 per visit	600/	900/	Full fee	
(3) then the fee is:	per procedure	(not per procedure)	60%	80%		
FPG %	100% FPG and	101-150% FPG	151-175% FPG	176-200% FPG	over 200%FPG	
rru %	under	101-130% FPG	151-175% FPG	170-200% FPG	OVEL 200%FPG	
CLASS A		CLASS B	CLASS C	CLASS D		
6 1 1			ecialty slide			
Below codes are			ecialty slide			
charged in addition to			ecialty slide			
charged in addition to visit charge, no	\$35 plus belov		·	80%	Full fee	
charged in addition to visit charge, no discount applied to		,	·	80%	Full fee	
charged in addition to visit charge, no discount applied to these charges (slide	\$35 plus belov	,	·	80%	Full fee	
charged in addition to visit charge, no discount applied to these charges (slide exceptions)	\$35 plus belov charge	\$50 plus below charge	60%			
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944	\$35 plus belov charge \$240	\$50 plus below charge	60%	\$381	\$476	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752	\$35 plus belov charge	\$50 plus below charge	60%			
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944	\$35 plus belov charge \$240	\$50 plus below charge	60%	\$381	\$476	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752	\$35 plus belov charge \$240	\$50 plus below charge	60%	\$381	\$476	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792	\$35 plus belov charge \$240 \$525	\$50 plus below charge \$260 \$600	\$286 \$720	\$381 \$960	\$476 \$1,200	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792	\$35 plus belov charge \$240 \$525	\$50 plus below charge \$260 \$600 \$625	\$286 \$720	\$381 \$960 \$1,020	\$476 \$1,200 \$1,275	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120	\$35 plus belov charge \$240 \$525	\$50 plus below charge \$260 \$600 \$625	\$286 \$720	\$381 \$960 \$1,020	\$476 \$1,200 \$1,275	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140	\$35 plus belov charge \$240 \$525 \$535 \$670	\$50 plus below charge \$260 \$600 \$625 \$685	\$286 \$720 \$765 \$1,421	\$381 \$960 \$1,020 \$1,894	\$476 \$1,200 \$1,275 \$2,368	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5212 D5213/D5214	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420	\$50 plus below charge \$260 \$600 \$625 \$685 \$435	\$286 \$720 \$765 \$1,421 \$1,103	\$381 \$960 \$1,020 \$1,894 \$1,470	\$476 \$1,200 \$1,275 \$2,368 \$1,838	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5212	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870	\$50 plus below charge \$260 \$600 \$625 \$685 \$435 \$885	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5212 D5213/D5214 D2971/D5511/D5520	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870	\$50 plus below charge \$260 \$600 \$625 \$685 \$435 \$885	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5212 D5213/D5214 D2971/D5511/D5520 D5611/D5612/D5621	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870	\$50 plus below charge \$260 \$600 \$625 \$685 \$435 \$885	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5212 D5213/D5214 D2971/D5511/D5520 D5611/D5612/D5621 D5622/D5630/D5640	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870	\$50 plus below charge \$260 \$600 \$625 \$685 \$435 \$885	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5212 D5213/D5214 D2971/D5511/D5520 D5611/D5512/D5620 D5651/D5621 D5622/D5630/D5640 D5650/D5660 D5710/D5711/D5720	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870 \$200	\$260 \$600 \$625 \$685 \$435 \$885 \$215	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412 \$222	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882 \$296	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353 \$370	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5212 D5213/D5214 D2971/D5511/D5520 D5611/D5512/D5620 D5651/D5621 D5622/D5630/D5640 D5650/D5660 D5710/D5711/D5720	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870 \$200	\$260 \$600 \$625 \$685 \$435 \$885 \$215	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412 \$222	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882 \$296	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353 \$370	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5212 D5213/D5214 D2971/D5511/D5520 D5611/D5612/D5621 D5622/D5630/D5640 D5650/D5660 D5710/D5711/D5720 D5721/D5750/D5751 D5760/D5761	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870 \$200	\$260 \$600 \$625 \$685 \$435 \$885 \$215	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412 \$222	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882 \$296	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353 \$370	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5120 D5211/D5212 D5213/D5214 D2971/D5511/D5520 D5611/D5512/D5620 D5611/D5600 D5710/D5711/D5700 D5721/D5750/D5751 D5760/D5761	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870 \$200	\$260 \$600 \$625 \$685 \$435 \$885 \$215	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412 \$222	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882 \$296	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353 \$370	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5212 D5213/D5214 D2971/D5511/D5520 D5611/D5612/D5621 D5622/D5630/D5640 D5650/D5660 D5710/D5711/D5720 D5721/D5750/D5751 D5760/D5761 D6210/D6211/D6212 D6240/D6241/D6242	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870 \$200	\$260 \$600 \$625 \$685 \$435 \$885 \$215	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412 \$222	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882 \$296	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353 \$370	
charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5512 D5233/D5214 D2971/D5511/D5520 D5611/D5612/D5621 D5622/D5630/D5640 D5650/D5660 D5710/D5711/D5720 D5721/D5750/D5751 D5760/D5761 D6210/D6211/D6212 D6240/D6241/D6242 D6245/D6740/D6750	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870 \$200	\$260 \$600 \$625 \$685 \$435 \$885 \$215	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412 \$222	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882 \$296	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353 \$370	
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charged in addition to visit charge, no discount applied to these charges (slide exceptions) D9944 D2750/D2751/D2752 D2790/D2791/D2792 D2740 D5110/D5120 D5130/D5140 D5211/D5212 D5213/D5214 D2971/D5511/D5520 D5611/D5612/D5621 D5622/D5630/D5640 D5650/D5660 D5710/D5711/D5720 D5721/D5750/D5751 D5760/D5761	\$35 plus belov charge \$240 \$525 \$535 \$670 \$420 \$870 \$200	\$260 \$600 \$625 \$685 \$435 \$885 \$215	\$286 \$720 \$765 \$1,421 \$1,103 \$1,412 \$222	\$381 \$960 \$1,020 \$1,894 \$1,470 \$1,882 \$296	\$476 \$1,200 \$1,275 \$2,368 \$1,838 \$2,353 \$370	

^{**}State Medicaid rules will be followed for replacement of dentures, crowns, implants, etc.

***Dental services provided through a voucher program will be charged the flat fee listed without any supply charges added. Voucher services, in

general, will be limited to the listed formulary and not exceed \$350/calendar year. Needed services above the \$350 threshold will be addressed by management on a case by case basis.



2025 Dermatology Sliding Fee Discount Scale

Based on current Federal Poverty Guidelines (FPG)

(1) If there are this	(2) and the combined household yearly income is:									
many people in the										
household										
	From	То	From	То	From	То	From	То	From	То
1	None	\$ 15,650	\$ 15,651	\$ 23,475	\$ 23,476	\$ 27,388	\$ 27,389	\$ 31,300	\$ 31,301	and above
2	None	\$ 21,150	\$ 21,151	\$ 31,725	\$ 31,726	\$ 37,013	\$ 37,014	\$ 42,300	\$ 42,301	and above
3	None	\$ 26,650	\$ 26,651	\$ 39,975	\$ 39,976	\$ 46,638	\$ 46,639	\$ 53,300	\$ 53,301	and above
4	None	\$ 32,150	\$ 32,151	\$ 48,225	\$ 48,226	\$ 56,263	\$ 56,264	\$ 64,300	\$ 64,301	and above
5	None	\$ 37,650	\$ 37,651	\$ 56,475	\$ 56,476	\$ 65,888	\$ 65,889	\$ 75,300	\$ 75,301	and above
6	None	\$ 43,150	\$ 43,151	\$ 64,725	\$ 64,726	\$ 75,513	\$ 75,514	\$ 86,300	\$ 86,301	and above
7	None	\$ 48,650	\$ 48,651	\$ 72,975	\$ 72,976	\$ 85,138	\$ 85,139	\$ 97,300	\$ 97,301	and above
8	None	\$ 54,150	\$ 54,151	\$ 81,225	\$ 81,226	\$ 94,763	\$ 94,764	\$ 108,300	\$ 108,301	and above
9	None	\$ 59,650	\$ 59,651	\$ 89,475	\$ 89,476	\$ 104,388	\$ 104,389	\$ 119,300	\$ 119,301	and above
10	None	\$ 65,150	\$ 65,151	\$ 97,725	\$ 97,726	\$ 114,013	\$ 114,014	\$ 130,300	\$ 130,301	and above
11	None	\$ 70,650	\$ 70,651	\$ 105,975	\$ 105,976	\$ 123,638	\$ 123,639	\$ 141,300	\$ 141,301	and above
12	None	\$ 76,150	\$ 76,151	\$ 114,225	\$ 114,226	\$ 133,263	\$ 133,264	\$ 152,300	\$ 152,301	and above
13	None	\$ 81,650	\$ 81,651	\$ 122,475	\$ 122,476	\$ 142,888	\$ 142,889	\$ 163,300	\$ 163,301	and above
14	None	\$ 87,150	\$ 87,151	\$ 130,725	\$ 130,726	\$ 152,513	\$ 152,514	\$ 174,300	\$ 174,301	and above
each additional										
member	\$5,500		\$8,250		\$9,625		\$11,000			
add										
	\$0 Flat Fee + 80%		\$25 Flat Fee + 70%		\$35 Flat Fee + 60%		\$45 Flat Fee + 50%			
(3) then the fee is:	Discount of total		Discount of total		Discount of total		Discount of total		Full fee	
	charges		charges		charges		charges			
FPG %	100% FPG and		101-150% FPG		151-175% FPG		176-200% FPG		over 200%FPG	
	under									
	CLASS A		CLASS B		CLASS C		CLASS D			_

2025 Sliding Fee Discount Fee Scale Based on Federal Poverty Guidelines(FPG) released January 15, 2025