



2024 Sliding Fee Discount Schedule

Effective February 12th, 2024

Title X Family Planning Only

Household Size	100% and Below Poverty		101% to 125% Poverty		126% to 150% Poverty		151% to 175% Poverty		176% to 200% Poverty		Over 200% of Poverty		201% to 250% of Poverty		
	Level A		Level B		Level C		Level D		Level E		Level F		Level J (FP ONLY)		
1	\$0	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121	<i>and over</i>		\$30,121	\$37,650
2	\$0	\$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881	<i>and over</i>		\$40,881	\$51,100
3	\$0	\$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641	<i>and over</i>		\$51,641	\$64,550
4	\$0	\$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401	<i>and over</i>		\$62,401	\$78,000
5	\$0	\$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161	<i>and over</i>		\$73,161	\$91,450
6	\$0	\$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921	<i>and over</i>		\$83,921	\$104,900
For each additional	Add \$5,380		Add \$6,725		Add \$8,070		Add \$9,415		Add \$10,760		N/A				

	Primary Care			Dental			Pharmacy		Average Wholesale Price + 20% (\$6 minimum)
	Medical	Mental Health	Title X Family Planning	Preventative Dental	Standard Dental	Specialty Dental	Standard Medications (30/90 days)	Average Wholesale Medications	
Level A	\$15	\$15	\$0	\$15	\$30	\$60	\$6/\$13		
Level B	\$30	\$30	\$30	\$30	\$60	\$120	\$7/\$14		
Level C	\$45	\$45	\$45	\$45	\$90	\$180	\$8/\$15		
Level D	\$60	\$60	\$60	\$60	\$120	\$240	\$9/\$16		
Level E	\$75	\$75	\$75	\$75	\$150	\$300	\$10/\$17		
Level F	Full price based on market rate						\$11/\$18		
Level J			\$90				\$12/\$19		
School-Based Enrollee	\$0								
Healthcare for the Homeless	\$0								

A patient's Sliding Fee Discount Program Level is based on the number of people in their household and their total adjusted annual gross income (income before taxes). CHCBH considers:

For annual income calculations: tax returns (personal or business if self-employed); Social Security Income or Social Security Disability Income annual benefits letters; Veterans Administration/Affairs benefits letters; W-2's.

For monthly incomes: paystubs (two consecutive); three months of business ledger for self-employed, child support letters and/or bank statements; SNAP notices; unemployment benefit letters; Foster Care income letters; SSI or SSDI bank statements.

Patients must provide the necessary paperwork to qualify for the Sliding Fee Discount Program **within 10 days** after their appointment.