

EAST JORDAN FAMILY HEALTH CENTER SLIDING FEE SCALE

Based on 2019 Health & Human Services Federal Poverty Guidelines

Effective 03/01/2019

	ANNUAL FAMILY INCOME					
Poverty Level	< 100%	101% - 125%	126% - 150%	151% -175%	176%-200%	> 200%
Family Size	DISCOUNT CATEGORY 1	DISCOUNT CATEGORY 2	DISCOUNT CATEGORY 3	DISCOUNT CATEGORY 4	DISCOUNT CATEGORY 5	NO DISCOUNT
1	\$0 - \$12,490	\$12,491 - \$15,613	\$15,614 - \$18,735	\$18,736 - \$21,858	\$21,859 - \$24,980	\$24,981 +
2	\$0 - \$16,910	\$16,911 - \$21,138	\$21,139 - \$25,365	\$25,366 - \$29,593	\$29,594 - \$33,820	\$33,821 +
3	\$0 - \$21,330	\$21,331 - \$26,663	\$26,664 - \$31,995	\$31,996 - \$37,328	\$37,329 - \$42,660	\$42,661 +
4	\$0 - \$25,750	\$25,751 - \$32,188	\$32,189 - \$38,625	\$38,626 - \$45,063	\$45,064 - \$51,500	\$51,501 +
5	\$0 - \$30,170	\$30,171 - \$37,713	\$37,714 - \$45,255	\$45,256 - \$52,798	\$52,799 - \$60,340	\$60,341 +
6	\$0 - \$34,590	\$34,591 - \$43,238	\$43,239 - \$51,885	\$51,886 - \$60,533	\$60,534 - \$69,180	\$69,181 +
7	\$0 - 39,010	\$39,011 - \$48,763	\$48,764 - \$58,515	\$58,516 - \$68,268	\$68,269 - \$78,020	\$78,021 +
8	\$0 - \$43,430	\$43,431 - \$54,288	\$54,289 - \$65,145	\$65,146 - \$76,003	\$76,004 - \$86,860	\$86,861 +
For each additional person add	\$4,420	\$5,525	\$6,630	\$7,735	\$8,840	\$8,841 +

Patient payment is required at time of service. Your account must be in good standing in order for you to receive full sliding fee benefits.

HEALTH CENTER	Category 1 Copay	Category 2 Copay	Category 3 Copay	Category 4 Copay	Category 5 Copay	
Medical Visits Behavioral Health Visits	\$10 per visit	\$15 per visit	\$20 per visit	\$25 per visit	\$30 per visit	No Discount
X-Ray / Mammography Laboratory (through arrangement with Detroit Biomedical Laboratories)	Included With Office Visit Copay					

OPTOMETRY	Category 1 Copay	Category 2 Copay	Category 3 Copay	Category 4 Copay	Category 5 Copay	
Optometric Exams (through arrangement with Dr. Voci)	\$10 per visit	\$15 per visit	\$20 per visit	\$25 per visit	\$30 per visit	No Discount

PHARMACY	Category 1 Copay	Category 2 Copay	Category 3 Copay	Category 4 Copay	Category 5 Copay	
Prescriptions filled at East Jordan & Bellaire Health Center Pharmacies	Discounted 340B Drug Cost + \$4.00 Dispense Fee	Discounted 340B Drug Cost + \$6.00 Dispense Fee	Discounted 340B Drug Cost + \$8.00 Dispense Fee	Discounted 340B Drug Cost + \$10.00 Dispense Fee	Discounted 340B Drug Cost + \$12.00 Dispense Fee	No Discount

DENTAL SERVICES

East Jordan Family Health Center will pay the \$50 membership fee of Northern Dental Plan (NDP) for eligible sliding fee patients. The membership includes x-rays, an exam, a treatment plan, and access to the NDP sliding fee schedule for services. The NDP sliding fee schedule is shown below.

2019 Northern Dental Plan Income Guidelines for Sliding Fee Scale and Poverty Level Determination				
Poverty Level	< 100%	101%-150%	151%-200%	> 200%
Family Size	Northern Dental Plan Bronze	Northern Dental Plan Silver	Northern Dental Plan Gold	Northern Dental Plan Platinum
1	\$12,490	\$18,735	\$24,980	\$24,981 +
2	\$16,910	\$25,365	\$33,820	\$33,821 +
3	\$21,330	\$31,995	\$42,660	\$42,661 +
4	\$25,750	\$38,625	\$51,500	\$51,501 +
5	\$30,170	\$45,255	\$60,340	\$60,341 +
6	\$34,590	\$51,885	\$69,180	\$69,181 +
7	\$39,010	\$58,515	\$78,020	\$78,021 +
8	\$43,430	\$65,145	\$86,860	\$86,861 +
For each additional person add	\$4,420	\$6,630	\$8,840	\$8,841 +
Income Verification:	IRS Verification	IRS Verification	MCDC Verification	None Required
Maximum Benefit:	\$1,500	\$1,500	No Maximum	No Maximum
Yearly Copay *	25%	35%	70%	100%

* In the event of hardship, patients with income below the Federal poverty level may request additional discounts that result in a minimum \$25 copay.