

# EAST JORDAN FAMILY HEALTH CENTER SLIDING FEE SCALE

Based on 2019 Health & Human Services Federal Poverty Guidelines

Effective 03/01/2019

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

<b>HEALTH CENTER</b>	<b>Category 1 Copay</b>	<b>Category 2 Copay</b>	<b>Category 3 Copay</b>	<b>Category 4 Copay</b>	<b>Category 5 Copay</b>	
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 LabCorp)	Included With Office Visit Copay					

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

<b>PHARMACY</b>	<b>Category 1 Copay</b>	<b>Category 2 Copay</b>	<b>Category 3 Copay</b>	<b>Category 4 Copay</b>	<b>Category 5 Copay</b>	
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.

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