



Sliding Fee Scale - Annual Income

Poverty Service Tier	A	B	C	D	E	F (Full Charges)
Persons in Family/Household	At or Below 100% FPL	>101-125% FPL	>126-150% FPL	>150-175% FPL	>175-199% FPL	>200% FPL
1	\$12,490	\$14,988	\$17,486	\$19,984	\$22,482	\$24,980
2	\$16,910	\$20,292	\$23,674	\$27,056	\$30,438	\$33,820
3	\$21,330	\$25,596	\$29,862	\$34,128	\$38,394	\$42,660
4	\$25,750	\$30,900	\$36,050	\$41,200	\$46,350	\$51,500
5	\$30,170	\$36,204	\$42,238	\$48,272	\$54,306	\$60,340
6	\$34,590	\$41,508	\$48,426	\$55,344	\$62,262	\$69,180
7	\$39,010	\$46,812	\$54,614	\$62,416	\$70,218	\$78,020
8	\$43,430	\$52,116	\$60,802	\$69,488	\$78,174	\$86,860
For each add'l person add:	\$4,420	\$5,304	\$6,188	\$7,072	\$7,956	\$8,840
(Included = **) (Excluded = ***)	Amount Patient Responsible					
Medical Visits (**) (***)	Pay \$30	Pay \$45	Pay \$60	Pay \$75	Pay \$90	Pay Full Cost
Specialty/Nutrition Visits (**) (***)	Pay \$30	Pay \$45	Pay \$60	Pay \$75	Pay \$90	Pay Full Cost
Behavioral Health Visits (**) (***)	Pay \$30	Pay \$45	Pay \$60	Pay \$75	Pay \$90	Pay Full Cost

* For families/households with more than 8 persons, add \$4,420 for each additional person.
** Included in Nominal Fee: Examination/Consultation for all services within UHC's scope of project (Form 5A), In-house laboratory, Other in-house procedures and authorized send out laboratory specimens drawn at the clinic for analysis(see lab formulary) and routine injectables/immunizations (Flu shot, TD, PPD).
*** Excluded from the Nominal Fee: All other immunizations/vaccines/injections not listed above, IUD's -non routine supplies, send out labs not on authorized list, equipment, are not considered part of the standard of care are not included. INS/DMV and Disability paperwork services are not included or eligible for sliding fee discount (see separate fee schedule). Patient is notified of charges excluded above before the services are provided and asked to sign an ABN form.
Based on FPG published Jan 11,2019 Will be updated with the 2020 FPG as soon as they are available. If necessary see Minor Consent Service of the policy for services covered by Title 22 Section 51473.2 of State code.

Board Approved 4/24/2018, Effective 5/1/2019.

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty