

COMMUNITY HEALTH & DENTAL CARE
FAMILY HOUSEHOLD INCOME
Sliding Discount 2023

CATEGORY	SLIDE >	100%	125%	150%	175%	200%	200%
	FPL >	0-100%	101-125%	126-150%	151-175%	176-200%	200% or above
FAMILY SIZE	Medical/Vision/BH	\$20 nominal fee	80% discount (\$21.00 min. pmt)	60% discount (\$21.00 min. pmt)	40% discount (\$21.00 min. pmt)	20% discount (\$21.00 min. pmt)	no discount
	Dental	\$35 nominal fee	70% discount (\$36.00 min. pmt)	55% discount (\$36.00 min. pmt)	40% discount (\$36.00 min. pmt)	25% discount (\$36.00 min. pmt)	no discount
	*Special Dental	\$35 nominal fee + Lab Fees	50% discount (\$36 min. pmt)	45% discount (\$36 min. pmt)	40% discount (\$36 min. pmt)	25% discount (\$36.00 min. pmt)	no discount
	Dispensary	\$5.00 nominal fee	80% discount (\$6.00 min. pmt)	60% discount (\$6.00 min. pmt)	40% discount (\$6.00 min. pmt)	20% discount (\$6.00 min. pmt)	no discount
	1	Annual (up to)	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160
	Monthly	\$1,215	\$1,519	\$1,823	\$2,126	\$2,430	\$2,430
	Weekly	\$280	\$350	\$421	\$491	\$561	\$561
	Hourly	\$7	\$9	\$11	\$12	\$14	\$14
2	Annual	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
	Monthly	\$1,643	\$2,054	\$2,465	\$2,876	\$3,287	\$3,287
	Weekly	\$379	\$474	\$569	\$664	\$758	\$758
	Hourly	\$9	\$12	\$14	\$17	\$19	\$19
3	Annual	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
	Monthly	\$2,072	\$2,590	\$3,108	\$3,625	\$4,143	\$4,143
	Weekly	\$478	\$598	\$717	\$837	\$956	\$956
	Hourly	\$12	\$15	\$18	\$21	\$24	\$24
4	Annual	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
	Monthly	\$2,500	\$3,125	\$3,750	\$4,375	\$5,000	\$5,000
	Weekly	\$577	\$721	\$865	\$1,010	\$1,154	\$1,154
	Hourly	\$14	\$18	\$22	\$25	\$29	\$29
5	Annual	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
	Monthly	\$2,928	\$3,660	\$4,393	\$5,125	\$5,857	\$5,857
	Weekly	\$676	\$845	\$1,014	\$1,183	\$1,352	\$1,352
	Hourly	\$17	\$21	\$25	\$30	\$34	\$34
6	Annual	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
	Monthly	\$3,357	\$4,196	\$5,035	\$5,874	\$6,713	\$6,713
	Weekly	\$775	\$968	\$1,162	\$1,356	\$1,549	\$1,549
	Hourly	\$19	\$24	\$29	\$34	\$39	\$39
7	Annual	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
	Monthly	\$3,785	\$4,731	\$5,678	\$6,624	\$7,570	\$7,570
	Weekly	\$873	\$1,092	\$1,310	\$1,529	\$1,747	\$1,747
	Hourly	\$22	\$27	\$33	\$38	\$44	\$44
8	Annual	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
	Monthly	\$4,213	\$5,267	\$6,320	\$7,373	\$8,427	\$8,427
	Weekly	\$972	\$1,215	\$1,458	\$1,702	\$1,945	\$1,945
	Hourly	\$24	\$30	\$36	\$43	\$49	\$49
*FOR FAMILIES/HOUSEHOLDS GREATER THAN 8, ADD \$4,720 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL.						Revision Effective 02/12/2023	
*Special Dental- lab fee included in discounted cost for FPL 101% - 200%.							