

COMMUNITY HEALTH & DENTAL CARE
FAMILY HOUSEHOLD INCOME
Sliding Discount 2024

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/ Podiatry/Women's Health/PT/COE/MAT	\$25 nominal fee	80% discount (\$26.00 min. pmt)	60% discount (\$26.00 min. pmt)	40% discount (\$26.00 min. pmt)	20% discount (\$26.00 min. pmt)	no discount
	*Special Vision **No Discount on contact lens services	\$25 nominal fee + charges for other than basic frame with single and bifocal lens	80% discount (\$26.00 min. pmt) + charges for other than basic frame with single and bifocal lens	60% discount (\$26.00 min. pmt) + charges for other than basic frame with single and bifocal lens	40% discount (\$26.00 min. pmt) + charges for other than basic frame with single and bifocal lens	20% discount (\$26.00 min. pmt) + charges for other than basic frame with single and bifocal lens	no discount
	Dental	\$40 nominal fee	70% discount (\$41.00 min. pmt)	55% discount (\$41.00 min. pmt)	40% discount (\$41.00 min. pmt)	25% discount (\$41.00 min. pmt)	no discount
	***Special Dental	\$40 nominal fee + additional fees for Lab services	50% discount (\$41 min. pmt)	45% discount (\$41 min. pmt)	40% discount (\$41 min. pmt)	25% discount (\$41.00 min. pmt)	no discount
	Dispensary	\$7.00 nominal fee	80% discount (\$8.00 min. pmt)	60% discount (\$8.00 min. pmt)	40% discount (\$8.00 min. pmt)	20% discount (\$8.00 min. pmt)	no discount
	1	Annual (up to)	\$15,060	\$18,825	\$22,590	\$26,355	\$30,120
	Monthly	\$1,255	\$1,569	\$1,883	\$2,196	\$2,510	\$2,510
	Weekly	\$290	\$362	\$434	\$507	\$579	\$579
	Hourly	\$7	\$9	\$11	\$13	\$14	\$14
2	Annual	\$20,440	\$25,550	\$30,660	\$35,770	\$40,880	\$40,881
	Monthly	\$1,703	\$2,129	\$2,555	\$2,981	\$3,407	\$3,407
	Weekly	\$393	\$491	\$590	\$688	\$786	\$786
	Hourly	\$10	\$12	\$15	\$17	\$20	\$20
3	Annual	\$25,820	\$32,275	\$38,730	\$45,185	\$51,640	\$51,641
	Monthly	\$2,152	\$2,690	\$3,228	\$3,765	\$4,303	\$4,303
	Weekly	\$497	\$621	\$745	\$869	\$993	\$993
	Hourly	\$12	\$16	\$19	\$22	\$25	\$25
4	Annual	\$31,200	\$39,000	\$46,800	\$54,600	\$62,400	\$62,401
	Monthly	\$2,600	\$3,250	\$3,900	\$4,550	\$5,200	\$5,200
	Weekly	\$600	\$750	\$900	\$1,050	\$1,200	\$1,200
	Hourly	\$15	\$19	\$23	\$26	\$30	\$30
5	Annual	\$36,580	\$45,725	\$54,870	\$64,015	\$73,160	\$73,161
	Monthly	\$3,048	\$3,810	\$4,573	\$5,335	\$6,097	\$6,097
	Weekly	\$703	\$879	\$1,055	\$1,231	\$1,407	\$1,407
	Hourly	\$18	\$22	\$26	\$31	\$35	\$35
6	Annual	\$41,960	\$52,450	\$62,940	\$73,430	\$83,920	\$83,921
	Monthly	\$3,497	\$4,371	\$5,245	\$6,119	\$6,993	\$6,993
	Weekly	\$807	\$1,009	\$1,210	\$1,412	\$1,614	\$1,614
	Hourly	\$20	\$25	\$30	\$35	\$40	\$40
7	Annual	\$47,340	\$59,175	\$71,010	\$82,845	\$94,680	\$94,681
	Monthly	\$3,945	\$4,931	\$5,918	\$6,904	\$7,890	\$7,890
	Weekly	\$910	\$1,138	\$1,366	\$1,593	\$1,821	\$1,821
	Hourly	\$23	\$28	\$34	\$40	\$46	\$46
8	Annual	\$52,720	\$65,900	\$79,080	\$92,260	\$105,440	\$105,441
	Monthly	\$4,393	\$5,492	\$6,590	\$7,688	\$8,787	\$8,787
	Weekly	\$1,014	\$1,267	\$1,521	\$1,774	\$2,028	\$2,028
	Hourly	\$25	\$32	\$38	\$44	\$51	\$51
FOR FAMILIES/HOUSEHOLDS GREATER THAN 8, ADD \$5,380 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL.							
*Special Vision - charges for other than basic frame with single and bifocal lens. **No Discount on contact lens services						Revision Effective 11/01/2024	
***Special Dental - additional fees apply for lab services							