

COMMUNITY HEALTH & DENTAL CARE

FAMILY HOUSEHOLD INCOME Sliding Discount 2025

CATEGORY	SLIDE >	100%	125%	150%	175%	200%	200%
	FPL >	0-100%	101-125%	126-150%	151-175%	176-200%	200% or above
	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 + \$25 basic frame with single or bifocal lens + 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
FAMILY SIZE	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)	\$15,650	\$19,563	\$23,475	\$27,388	\$31,300	\$31,301
	Monthly	\$1,304	\$1,630	\$1,956	\$2,282	\$2,608	\$2,608
	Weekly	\$301	\$376	\$451	\$527	\$602	\$602
	Hourly	\$8	\$9	\$11	\$13	\$15	\$15
2	Annual	\$21,150	\$26,438	\$31,725	\$37,013	\$42,300	\$42,301
	Monthly	\$1,763	\$2,203	\$2,644	\$3,084	\$3,525	\$3,525
	Weekly	\$407	\$508	\$610	\$712	\$813	\$813
	Hourly	\$10	\$13	\$15	\$18	\$20	\$20
3	Annual	\$26,650	\$33,313	\$39,975	\$46,638	\$53,300	\$53,301
	Monthly	\$2,221	\$2,776	\$3,331	\$3,886	\$4,442	\$4,442
	Weekly	\$513	\$641	\$769	\$897	\$1,025	\$1,025
	Hourly	\$13	\$16	\$19	\$22	\$26	\$26
4	Annual	\$32,150	\$40,188	\$48,225	\$56,263	\$64,300	\$64,301
	Monthly	\$2,679	\$3,349	\$4,019	\$4,689	\$5,358	\$5,358
	Weekly	\$618	\$773	\$927	\$1,082	\$1,237	\$1,237
	Hourly	\$15	\$19	\$23	\$27	\$31	\$31
5	Annual	\$37,650	\$47,063	\$56,475	\$65,888	\$75,300	\$75,301
	Monthly	\$3,138	\$3,922	\$4,706	\$5,491	\$6,275	\$6,275
	Weekly	\$724	\$905	\$1,086	\$1,267	\$1,448	\$1,448
	Hourly	\$18	\$23	\$27	\$32	\$36	\$36
6	Annual	\$43,150	\$53,938	\$64,725	\$75,513	\$86,300	\$86,301
	Monthly	\$3,596	\$4,495	\$5,394	\$6,293	\$7,192	\$7,192
	Weekly	\$830	\$1,037	\$1,245	\$1,452	\$1,660	\$1,660
	Hourly	\$21	\$26	\$31	\$36	\$41	\$41
7	Annual	\$48,650	\$60,813	\$72,975	\$85,138	\$97,300	\$97,301
	Monthly	\$4,054	\$5,068	\$6,081	\$7,095	\$8,108	\$8,108
	Weekly	\$936	\$1,169	\$1,403	\$1,637	\$1,871	\$1,871
	Hourly	\$23	\$29	\$35	\$41	\$47	\$47
8	Annual	\$54,150	\$67,688	\$81,225	\$94,763	\$108,300	\$108,301
	Monthly	\$4,513	\$5,641	\$6,769	\$7,897	\$9,025	\$9,025
	Weekly	\$1,041	\$1,302	\$1,562	\$1,822	\$2,083	\$2,083
	Hourly	\$26	\$33	\$39	\$46	\$52	\$52
FOR FAMILIES/HOUSEHOLDS GREATER THAN 8, ADD \$5,500 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 2-1-25	
***Special Dental - additional fees apply for lab services							