

COMMUNITY HEALTH & DENTAL CARE
FAMILY HOUSEHOLD INCOME
Sliding Discount 2026

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 Women's Health	\$25 nominal fee + additional fee for IUD	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
	Pharmacy	Cost of Medication + \$10.00 Nominal Fee	Cost of Medication + \$10.00 Nominal Fee	Cost of Medication + \$10.00 Nominal Fee	Cost of Medication + \$10.00 Nominal Fee	Cost of Medication + \$10.00 Nominal Fee	no discount
	1	Annual (up to)	\$15,960	\$19,950	\$23,940	\$27,930	\$31,920
	Monthly	\$1,330	\$1,663	\$1,995	\$2,328	\$2,660	\$2,660
	Weekly	\$307	\$384	\$460	\$537	\$614	\$614
	Hourly	\$8	\$10	\$12	\$13	\$15	\$15
2	Annual	\$21,640	\$27,050	\$32,460	\$37,870	\$43,280	\$43,281
	Monthly	\$1,803	\$2,254	\$2,705	\$3,156	\$3,607	\$3,607
	Weekly	\$416	\$520	\$624	\$728	\$832	\$832
	Hourly	\$10	\$13	\$16	\$18	\$21	\$21
3	Annual	\$27,320	\$34,150	\$40,980	\$47,810	\$54,640	\$54,641
	Monthly	\$2,277	\$2,846	\$3,415	\$3,984	\$4,553	\$4,553
	Weekly	\$525	\$657	\$788	\$919	\$1,051	\$1,051
	Hourly	\$13	\$16	\$20	\$23	\$26	\$26
4	Annual	\$33,000	\$41,250	\$49,500	\$57,750	\$66,000	\$66,001
	Monthly	\$2,750	\$3,438	\$4,125	\$4,813	\$5,500	\$5,500
	Weekly	\$635	\$793	\$952	\$1,111	\$1,269	\$1,269
	Hourly	\$16	\$20	\$24	\$28	\$32	\$32
5	Annual	\$38,680	\$48,350	\$58,020	\$67,690	\$77,360	\$77,361
	Monthly	\$3,223	\$4,029	\$4,835	\$5,641	\$6,447	\$6,447
	Weekly	\$744	\$930	\$1,116	\$1,302	\$1,488	\$1,488
	Hourly	\$19	\$23	\$28	\$33	\$37	\$37
6	Annual	\$44,360	\$55,450	\$66,540	\$77,630	\$88,720	\$88,721
	Monthly	\$3,697	\$4,621	\$5,545	\$6,469	\$7,393	\$7,393
	Weekly	\$853	\$1,066	\$1,280	\$1,493	\$1,706	\$1,706
	Hourly	\$21	\$27	\$32	\$37	\$43	\$43
7	Annual	\$50,040	\$62,550	\$75,060	\$87,570	\$100,080	\$100,081
	Monthly	\$4,170	\$5,213	\$6,255	\$7,298	\$8,340	\$8,340
	Weekly	\$962	\$1,203	\$1,443	\$1,684	\$1,925	\$1,925
	Hourly	\$24	\$30	\$36	\$42	\$48	\$48
8	Annual	\$55,720	\$69,650	\$83,580	\$97,510	\$111,440	\$111,441
	Monthly	\$4,643	\$5,804	\$6,965	\$8,126	\$9,287	\$9,287
	Weekly	\$1,072	\$1,339	\$1,607	\$1,875	\$2,143	\$2,143
	Hourly	\$27	\$33	\$40	\$47	\$54	\$54
FOR FAMILIES/HOUSEHOLDS GREATER THAN 8, ADD \$5,680 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL.							
*Special Women's Health IUD							
Special Vision - charges for other than basic frame with single and bifocal lens. *No Discount on contact lens services							
****Special Dental - additional fees apply for lab services							
							Revision Effective 4-13-26