

## 2025-2026 Federal Poverty Guidelines and Sliding Scale for Medical Services

(Only applicable for 200% of Federal Poverty Level or below)

| Persons<br>in Family or<br>Household   | Scale A        |           | Scale B        |           | Scale C        |           | Scale D        |            | Scale E            |
|--|----------------|-----------|----------------|-----------|----------------|-----------|----------------|------------|--------------------|
|  | 0-100% FPL     |           | 101-138% FPL   |           | 139-150% FPL   |           | 151-200% FPL   |            | >200% FPL          |
|  | Above          | Below     | Above          | Below     | Above          | Below     | Above          | Below      | At or above        |
| 1  | \$0            | \$ 15,650 | \$ 15,651      | \$ 21,597 | \$ 21,598      | \$ 23,475 | \$ 23,476      | \$ 31,300  | \$ 31,300          |
| 2  | \$0            | \$ 21,150 | \$ 21,151      | \$ 29,187 | \$ 29,188      | \$ 31,725 | \$ 31,726      | \$ 42,300  | \$ 42,300          |
| 3  | \$0            | \$ 26,650 | \$ 26,651      | \$ 36,777 | \$ 36,778      | \$ 39,975 | \$ 39,976      | \$ 53,300  | \$ 53,300          |
| 4  | \$0            | \$ 32,150 | \$ 32,151      | \$ 44,367 | \$ 44,368      | \$ 48,225 | \$ 48,226      | \$ 64,300  | \$ 64,300          |
| 5  | \$0            | \$ 37,650 | \$ 37,651      | \$ 51,957 | \$ 51,958      | \$ 56,475 | \$ 56,476      | \$ 75,300  | \$ 75,300          |
| 6  | \$0            | \$ 43,150 | \$ 43,151      | \$ 59,547 | \$ 59,548      | \$ 64,725 | \$ 64,726      | \$ 86,300  | \$ 86,300          |
| 7  | \$0            | \$ 48,650 | \$ 48,651      | \$ 67,137 | \$ 67,138      | \$ 72,975 | \$ 72,976      | \$ 97,300  | \$ 97,300          |
| 8  | \$0            | \$ 54,150 | \$ 54,151      | \$ 74,727 | \$ 74,728      | \$ 81,225 | \$ 81,226      | \$ 108,300 | \$ 108,300         |
| For each additional person   |                | \$ 5,500  |                | \$ 7,590  |                | \$ 8,250  |                | \$ 11,000  | \$ 11,000          |
| <b>Office Visit Fee</b>  | <b>\$20.00</b> |           | <b>\$30.00</b> |           | <b>\$35.00</b> |           | <b>\$40.00</b> |            | <b>No discount</b> |
| <b>Laboratory, x-ray, procedures, injectables, and other diagnostic services are charged separately from the office visit.</b> |                |           |                |           |                |           |                |            |                    |
| <b>Nominal fee for all behavioral health services is \$10.00</b>   |                |           |                |           |                |           |                |            |                    |

## 2025-2026 Federal Poverty Guidelines and Sliding Scale for Medical Services

(Sólo aplicable para ingresos de 200% o menos del nivel federal de pobreza)

| Personas<br>en la familia<br>o del hogar  | Escala A       |           | Escala B       |           | Escala C       |           | Escala D       |            | Escala E            |
|---|----------------|-----------|----------------|-----------|----------------|-----------|----------------|------------|---------------------|
|   | 0-100% FPL     |           | 101-138% FPL   |           | 139-150% FPL   |           | 151-200% FPL   |            | >200% FPL           |
|   | Above          | Below     | Above          | Below     | Above          | Below     | Above          | Below      | At or above         |
| 1   | \$0            | \$ 15,650 | \$ 15,651      | \$ 21,597 | \$ 21,598      | \$ 23,475 | \$ 23,476      | \$ 31,300  | \$ 31,300           |
| 2   | \$0            | \$ 21,150 | \$ 21,151      | \$ 29,187 | \$ 29,188      | \$ 31,725 | \$ 31,726      | \$ 42,300  | \$ 42,300           |
| 3   | \$0            | \$ 26,650 | \$ 26,651      | \$ 36,777 | \$ 36,778      | \$ 39,975 | \$ 39,976      | \$ 53,300  | \$ 53,300           |
| 4   | \$0            | \$ 32,150 | \$ 32,151      | \$ 44,367 | \$ 44,368      | \$ 48,225 | \$ 48,226      | \$ 64,300  | \$ 64,300           |
| 5   | \$0            | \$ 37,650 | \$ 37,651      | \$ 51,957 | \$ 51,958      | \$ 56,475 | \$ 56,476      | \$ 75,300  | \$ 75,300           |
| 6   | \$0            | \$ 43,150 | \$ 43,151      | \$ 59,547 | \$ 59,548      | \$ 64,725 | \$ 64,726      | \$ 86,300  | \$ 86,300           |
| 7   | \$0            | \$ 48,650 | \$ 48,651      | \$ 67,137 | \$ 67,138      | \$ 72,975 | \$ 72,976      | \$ 97,300  | \$ 97,300           |
| 8   | \$0            | \$ 54,150 | \$ 54,151      | \$ 74,727 | \$ 74,728      | \$ 81,225 | \$ 81,226      | \$ 108,300 | \$ 108,300          |
| Por cada persona adicional  |                | \$ 5,500  |                | \$ 7,590  |                | \$ 8,250  |                | \$ 11,000  | \$ 11,000           |
| <b>Cobro de visitas médicas</b>   | <b>\$20.00</b> |           | <b>\$30.00</b> |           | <b>\$35.00</b> |           | <b>\$40.00</b> |            | <b>No descuento</b> |
| <b>Laboratorios, radiografías, inyecciones y otros servicios diagnósticos se cobran aparte de la visita médica.</b> |                |           |                |           |                |           |                |            |                     |
| <b>El pago nominal para visitas de salud mental es \$10.</b>  |                |           |                |           |                |           |                |            |                     |

## 2025-2026 Federal Poverty Guidelines and Sliding Scale for Dental Services

(Only applicable for 200% of Federal Poverty Level or below)

| Persons<br>in Family or<br>Household                               | Pov Lvl A                                     |           | Pov Lvl B    |           | Pov Lvl C    |           | Pov Lvl D    |            | Pov Lvl E          |
|--|---|-----------|--------------|-----------|--------------|-----------|--------------|------------|--------------------|
|  | 0-100% FPL                                    |           | 101-138% FPL |           | 139-150% FPL |           | 151-200% FPL |            | >200% FPL          |
|  | <b>Except for Major Restorative Treatment</b> |           |              |           |              |           |              |            |                    |
|  | Above   | Below     | Above        | Below     | Above        | Below     | Above        | Below      | At or above        |
| 1  | \$0   | \$ 15,650 | \$ 15,651    | \$ 21,597 | \$ 21,598    | \$ 23,475 | \$ 23,476    | \$ 31,300  | \$ 31,300          |
| 2  | \$0   | \$ 21,150 | \$ 21,151    | \$ 29,187 | \$ 29,188    | \$ 31,725 | \$ 31,726    | \$ 42,300  | \$ 42,300          |
| 3  | \$0   | \$ 26,650 | \$ 26,651    | \$ 36,777 | \$ 36,778    | \$ 39,975 | \$ 39,976    | \$ 53,300  | \$ 53,300          |
| 4  | \$0   | \$ 32,150 | \$ 32,151    | \$ 44,367 | \$ 44,368    | \$ 48,225 | \$ 48,226    | \$ 64,300  | \$ 64,300          |
| 5  | \$0   | \$ 37,650 | \$ 37,651    | \$ 51,957 | \$ 51,958    | \$ 56,475 | \$ 56,476    | \$ 75,300  | \$ 75,300          |
| 6  | \$0   | \$ 43,150 | \$ 43,151    | \$ 59,547 | \$ 59,548    | \$ 64,725 | \$ 64,726    | \$ 86,300  | \$ 86,300          |
| 7  | \$0   | \$ 48,650 | \$ 48,651    | \$ 67,137 | \$ 67,138    | \$ 72,975 | \$ 72,976    | \$ 97,300  | \$ 97,300          |
| 8  | \$0   | \$ 54,150 | \$ 54,151    | \$ 74,727 | \$ 74,728    | \$ 81,225 | \$ 81,226    | \$ 108,300 | \$ 108,300         |
| For each additional person   |   | \$ 5,500  |              | \$ 7,590  |              | \$ 8,250  |              | \$ 11,000  | \$ 11,000          |
| <b>% Discount DENTAL</b>   | <b>\$75/preventive visit</b>                  |           | <b>49%</b>   |           | <b>47%</b>   |           | <b>45%</b>   |            | <b>Full Charge</b> |
|  | <b>\$75/restorative visit</b>                 |           |              |           |              |           |              |            |                    |
| <b>*Major restorative procedures have varying discount levels.</b> |   |           |              |           |              |           |              |            |                    |

## 2025-2026 Federal Poverty Guidelines and Sliding Scale for Dental Services

(Sólo aplicable para ingresos de 200% o menos del nivel federal de pobreza)

| Personas<br>en la familia<br>o del hogar  | Pov Lvl A  |           | Pov Lvl B    |           | Pov Lvl C    |           | Pov Lvl D    |            | Pov Lvl E             |
|---|--|-----------|--------------|-----------|--------------|-----------|--------------|------------|-----------------------|
|   | 0-100% FPL   |           | 101-138% FPL |           | 139-150% FPL |           | 151-200% FPL |            | >200% FPL             |
|   | <b>Con la excepción de tratamiento de restauración mayor</b> |           |              |           |              |           |              |            |                       |
|   | Above  | Below     | Above        | Below     | Above        | Below     | Above        | Below      | At or above           |
| 1   | \$0  | \$ 15,650 | \$ 15,651    | \$ 21,597 | \$ 21,598    | \$ 23,475 | \$ 23,476    | \$ 31,300  | \$ 31,300             |
| 2   | \$0  | \$ 21,150 | \$ 21,151    | \$ 29,187 | \$ 29,188    | \$ 31,725 | \$ 31,726    | \$ 42,300  | \$ 42,300             |
| 3   | \$0  | \$ 26,650 | \$ 26,651    | \$ 36,777 | \$ 36,778    | \$ 39,975 | \$ 39,976    | \$ 53,300  | \$ 53,300             |
| 4   | \$0  | \$ 32,150 | \$ 32,151    | \$ 44,367 | \$ 44,368    | \$ 48,225 | \$ 48,226    | \$ 64,300  | \$ 64,300             |
| 5   | \$0  | \$ 37,650 | \$ 37,651    | \$ 51,957 | \$ 51,958    | \$ 56,475 | \$ 56,476    | \$ 75,300  | \$ 75,300             |
| 6   | \$0  | \$ 43,150 | \$ 43,151    | \$ 59,547 | \$ 59,548    | \$ 64,725 | \$ 64,726    | \$ 86,300  | \$ 86,300             |
| 7   | \$0  | \$ 48,650 | \$ 48,651    | \$ 67,137 | \$ 67,138    | \$ 72,975 | \$ 72,976    | \$ 97,300  | \$ 97,300             |
| 8   | \$0  | \$ 54,150 | \$ 54,151    | \$ 74,727 | \$ 74,728    | \$ 81,225 | \$ 81,226    | \$ 108,300 | \$ 108,300            |
| Por cada persona adicional  |  | \$ 5,500  |              | \$ 7,590  |              | \$ 8,250  |              | \$ 11,000  | \$ 11,000             |
| <b>% Discount DENTAL</b>  | <b>\$75/por visita preventiva</b>                            |           | <b>49%</b>   |           | <b>47%</b>   |           | <b>45%</b>   |            | <b>Cargo Completo</b> |
|   | <b>\$75/por tratamiento</b>                                  |           |              |           |              |           |              |            |                       |
| <b>*Los niveles de descuento varían para los tratamientos de restauración mayor</b> |  |           |              |           |              |           |              |            |                       |