

For people who are <u>not</u> living with HIV or <u>do not know</u> their HIV status					
Household Size	Income Group A	Income Group B	Income Group C	Income Group D	Income Group E ¹
1 - Annually	\$0 - 15,652	\$15,653 - 23,478	\$23,479 - 27,391	\$27,392 - 31,304	\$31,305+
1 - Monthly	\$0 - 1,304	\$1,305 - 1,957	\$1,958 - 2,283	\$2,284 - 2,609	\$2,610+
2 - Annually	\$0 - 21,150	\$21,151 - 31,725	\$31,726 - 37,013	\$37,014 - 42,300	\$42,301+
2 - Monthly	\$0 - 1,763	\$1,764 - 2,644	\$2,645 - 3,084	\$3,085 - 3,525	\$3,526+
3 - Annually	\$0 - 26,650	\$26,651 - 39,975	\$39,976 - 46,638	\$46,639 - 53,300	\$53,301+
3 - Monthly	\$0 - 2,221	\$2,222 - 3,331	\$3,332 - 3,886	\$3,887 - 4,442	\$4,443+
4 - Annually	\$0 - 32,150	\$32,151 - 48,225	\$48,226 - 56,263	\$56,264 - 64,300	\$64,301+
4 - Monthly	\$0 - 2,679	\$2,680 - 4,019	\$4,020 - 4,689	\$4,690 - 5,358	\$5,359+
5 - Annually*	\$0 - 37,650	\$37,651 - 56,475	\$56,476 - 65,888	\$65,889 - 75,300	\$75,301+
5 - Monthly*	\$0 - 3,138	\$3,139 - 4,706	\$4,707 - 5,491	\$5,492 - 6,275	\$6,276+

¹If you are in Group E, then, then you will pay full price for services unless you have health insurance.

What you will pay					
Type of Service	Group A	Group B	Group C	Group D	Group E
Medical- Sliding Fee ¹	\$10	\$30	\$35	\$40	Full Fee
All other medical procedures	50% discount	50% discount	50% discount	50% discount	Full Fee
MH- Sliding Fee ¹	\$10	\$30	\$35	\$40	Full Fee
Dental- cleaning, exams and x-rays	\$30	\$40	\$50	\$60	Full Fee
All other dental procedures ²	50% discount	50% discount	50% discount	50% discount	Full Fee
Prescription Formulary: 30 day supply ³	\$10	\$15	\$20	\$25	Full Fee
Prescription Formulary: 90 day supply ³	\$25	\$40	\$50	\$60	Full Fee
IUD Procedure ⁴	50% discount	50% discount	50% discount	50% discount	Full Fee
IUD Device - <i>add'l cost</i> ⁴	Ask about your device	Ask about your device	Ask about your device	Ask about your device	Ask about your device

Add \$5,550 for each person over household size of 5 to the biggest dollar amount in the income ranges to the right of the number "5" in the "Household Size" column.

¹Includes clinical pharmacy services

²Separate payment for Dental Procedures - dental procedures will be charged at a 50% discount off Fee Schedule for all slide categories, Full fee will be charged for greater than 200% FPL.

³Half of charge of services (patient responsibility portion) for procedure to be paid at appointment scheduling, and remaining balance due at check in for the scheduled procedure.

⁴For a pharmacy customer to qualify for the sliding fee schedule, the customer must be a patient of the health center. If the price of the medication is cheaper than the Sliding Fee, the patient will only pay up to the maximum price of the medication.

⁴Separate payment for the IUD unit/product, uninsured patients below 200% only pay the cost of the product. Please ask about the price of your desired device.

For people who are living with HIV								
Household Size	Income Group A	Income Group B	Income Group C	Income Group D	Income Group E	Income Group F	Income Group G	Income Group H**
1 - Annually	\$0 - 15,652	\$15,653 - 23,478	\$23,479 - 31,304	\$31,305 - 39,130	\$39,131 - 46,956	\$46,957 - 62,608	\$62,609 - 78,260	\$78,261+
1 - Monthly	\$0 - 1,304	\$1,305 - 1,957	\$1,958 - 2,609	\$2,610 - 3,261	\$3,262 - 3,913	\$3,914 - 5,217	\$5,218 - 6,522	\$6,523+
2 - Annually	\$0 - 21,150	\$21,151 - 31,725	\$31,726 - 42,300	\$42,301 - 52,875	\$52,876 - 63,450	\$63,451 - 84,600	\$85,601 - 105,750	\$105,751+
2 - Monthly	\$0 - 1,763	\$1,764 - 2,644	\$2,645 - 3,525	\$3,526 - 4,406	\$4,407 - 5,288	\$5,289 - 7,050	\$7,051 - 8,813	\$8,814+
3 - Annually	\$0 - 26,650	\$26,651 - 39,975	\$39,976 - 53,300	\$53,301 - 66,625	\$66,626 - 79,950	\$79,951 - 106,600	\$106,601 - 133,250	\$133,251+
3 - Monthly	\$0 - 2,221	\$2,222 - 3,331	\$3,332 - 4,442	\$4,443 - 5,552	\$5,553 - 6,663	\$6,664 - 8,883	\$8,884 - 11,104	\$11,105+
4 - Annually	\$0 - 32,150	\$32,151 - 48,225	\$48,226 - 64,300	\$64,301 - 80,375	\$80,376 - 96,450	\$96,451 - 128,600	\$128,601 - 160,750	\$160,751+
4 - Monthly	\$0 - 2,679	\$2,680 - 4,019	\$4,020 - 5,358	\$5,359 - 6,698	\$6,699 - 8,038	\$8,039 - 10,717	\$10,718 - 13,396	\$13,397+
5 - Annually	\$0 - 37,650	\$37,651 - 56,475	\$56,476 - 75,300	\$75,301 - 94,125	\$94,126 - 112,950	\$112,951 - 150,600	\$150,601 - 188,250	\$188,251+
5 - Monthly	\$0 - 3,138	\$3,139 - 4,706	\$4,707 - 6,275	\$6,276 - 7,844	\$7,845 - 9,413	\$9,414 - 12,550	\$12,551 - 15,688	\$15,689+

Medical, Dental, MH Fees	\$0	\$2	\$3	\$4	\$5	\$7	\$9	Full Price
Total Yearly Cap	None	5% of Total Yearling Earnings	5% of Total Yearly Earnings	7% of Total Yearly Earnings	10% of Total Yearly Earnings	10% of Total Yearly Earnings	10% of Total Yearly Earnings	Full Price
Pharmacy: Insured (EPAP or MOU)	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	50% Coverage	50% Coverage	Full Price
Pharmacy: Uninsured (SS)	80% Coverage	60% Coverage	60% Coverage	40% Coverage	40% Coverage	20% Coverage	20% Coverage	Full Price

Add \$5,550 for each person over household size of 5 to the biggest dollar amount in the income ranges to the right of the number "5" in the "Household Size" column.

****If you are in Group H, then you will pay full price for services unless you have health insurance.**