

# SJMCS Primary Care and Preventative Dental Sliding Fee Scale 2021 (Cleanings, X-Ray, Visits)

As a Percent of Federal Poverty Level Guidelines: **SEE BOX BELOW FOR ELIGIBILITY**

									<b>EIC ONLY</b>					
Discount Level:		Level I		Level II					Level III				Level IV	
Percent of Federal Poverty Guidelines *		up to 100%		more than 100%, but less than 134%		more than 133%, but less than 167%		more than 166%, but less than 200%		more than 200%, but less than 250%		more than 249%, but less than 300%		more than 300%
Family Size:		Federal Poverty Level	Annual Earnings less than,										more than	
<b>1 person</b>	13,590	13,590	13,590	18,075	18,075	22,559	22,559	27,180	27,180	33,975	33,975	40,770	40,770	
<b>2 persons</b>	18,310	18,310	18,310	24,352	24,352	30,395	30,395	36,620	36,620	45,775	45,775	54,930	54,930	
<b>3 persons</b>	23,030	23,030	23,030	30,630	30,630	38,230	38,230	46,060	46,060	57,575	57,575	69,090	69,090	
<b>4 persons</b>	27,750	27,750	27,750	36,908	36,908	46,065	46,065	55,500	55,500	69,375	69,375	83,250	83,250	
<b>5 persons</b>	32,470	32,470	32,470	43,185	43,185	53,900	53,900	64,940	64,940	81,175	81,175	97,410	97,410	
<b>6 persons</b>	37,190	37,190	37,190	49,463	49,463	61,735	61,735	74,380	74,380	92,975	92,975	111,570	111,570	
<b>7 persons</b>	41,910	41,910	41,910	55,740	55,740	69,571	69,571	83,820	83,820	104,775	104,775	125,730	125,730	
<b>8 persons</b>	46,630	46,630	46,630	62,018	62,018	77,406	77,406	93,260	93,260	116,575	116,575	139,890	139,890	
<b>9 persons</b>	51,350	51,350	51,350	68,296	68,296	85,241	85,241	102,700	102,700	128,375	128,375	154,050	154,050	
<b>10 persons</b>	56,070	56,070	56,070	74,573	74,573	93,076	93,076	112,140	112,140	140,175	140,175	168,210	168,210	
<b>11 persons</b>	60,790	60,790	60,790	80,851	80,851	100,911	100,911	121,580	121,580	151,975	151,975	182,370	182,370	
<b>12 persons</b>	65,510	65,510	65,510	87,128	87,128	108,747	108,747	131,020	131,020	163,775	163,775	196,530	196,530	
<b>13 persons</b>	70,230	70,230	70,230	93,406	93,406	116,582	116,582	140,460	140,460	175,575	175,575	210,690	210,690	
<b>14 persons</b>	74,950	74,950	74,950	99,684	99,684	124,417	124,417	149,900	149,900	187,375	187,375	224,850	224,850	
<b>15 persons</b>	79,670	79,670	79,670	105,961	105,961	132,252	132,252	159,340	159,340	199,175	199,175	239,010	239,010	

Discount Level:		Level I		Level II			Level III		Level IV
Payment Amount: NOTE: "Other" charges include lab, procedure, and/or immunization charges. NOTE: See price list for medication charges.		\$35 Office Visit & "Other" Charges add Medications	20% Office Visit & "Other" Charges or \$40/Visit whichever is more	25% Office Visit & "Other" Charges or \$45/Visit whichever is more	30% Office Visit & "Other" Charges or \$50 / Visit whichever is more	50% Office Visit & "Other" Charges or \$55/Visit whichever is more	75% Office Visit & "Other"Charges or \$60 / Visit whichever is more	100% Total Charges	

**\*\*\*\*\*Non-EIC clients may only be offered a discount up to 200%. Family size and income levels above 200% receive no discount. EIC clients may be offered a discount up to 300%. Family size and income levels above 300% receive no discount.**

Clients identified as recipients of Ryan White grant funded services are entitled to annual payment limitations for out of pocket costs based on family income rank on the federal poverty scale as follows:

Annual Payment Limitation			
Level I	Level II		Level III
0	5%		7%

<b>Ryan White Part A eligible counties:</b>	1 Barrow	6 Cobb	11 Forsyth	16 Paulding
	2 Bartow	7 Coweta	12 Fulton	17 Pickens
	3 Carroll	8 DeKalb	13 Gwinnett	18 Rockdale
	4 Cherokee	9 Douglas	14 Henry	19 Spalding
	5 Clayton	10 Fayette	15 Newton	20 Walton

FPL guidelines updated 1/12/2022  
Effective for Feb 2022-Jan 2023  
<https://aspe.hhs.gov/poverty-guidelines>