

SJMCS DENTAL Restorative Sliding Fee Scale 2022 (Fillings, Exactions, etc)

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

Discount Level: Percent of Federal Poverty Guidelines *	Federal Poverty Level	Level I		Level II				Level III			Level IV		
		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:	Annual Earnings less than,										more than		
1 person	13,590	13,590	13,590	18,120	18,120	22,649	22,649	27,180	27,180	33,975	33,975	40,770	40,770
2 persons	18,310	18,310	18,310	24,413	24,413	30,515	30,515	36,620	36,620	45,775	45,775	54,930	54,930
3 persons	23,030	23,030	23,030	30,706	30,706	38,382	38,382	46,060	46,060	57,575	57,575	69,090	69,090
4 persons	27,750	27,750	27,750	36,999	36,999	46,248	46,248	55,500	55,500	69,375	69,375	83,250	83,250
5 persons	32,470	32,470	32,470	43,292	43,292	54,115	54,115	64,940	64,940	81,175	81,175	97,410	97,410
6 persons	37,190	37,190	37,190	49,585	49,585	61,981	61,981	74,380	74,380	92,975	92,975	111,570	111,570
7 persons	41,910	41,910	41,910	55,879	55,879	69,847	69,847	83,820	83,820	104,775	104,775	125,730	125,730
8 persons	46,630	46,630	46,630	62,172	62,172	77,714	77,714	93,260	93,260	116,575	116,575	139,890	139,890
9 persons	51,350	51,350	51,350	68,465	68,465	85,580	85,580	102,700	102,700	128,375	128,375	154,050	154,050
10 persons	56,070	56,070	56,070	74,758	74,758	93,446	93,446	112,140	112,140	140,175	140,175	168,210	168,210
11 persons	60,790	60,790	60,790	81,051	81,051	101,313	101,313	121,580	121,580	151,975	151,975	182,370	182,370
12 persons	65,510	65,510	65,510	87,344	87,344	109,179	109,179	131,020	131,020	163,775	163,775	196,530	196,530
13 persons	70,230	70,230	70,230	93,638	93,638	117,045	117,045	140,460	140,460	175,575	175,575	210,690	210,690
14 persons	74,950	74,950	74,950	99,931	99,931	124,912	124,912	149,900	149,900	187,375	187,375	224,850	224,850
15 persons	79,670	79,670	79,670	106,224	106,224	132,778	132,778	159,340	159,340	199,175	199,175	239,010	239,010

Discount Level:

Payment Amount:
NOTE: "Other" charges include lab, procedure, and/or immunization charges.
NOTE: See price list for medication charges.

Discount Level:	Level I	Level II			Level III		Level IV
	\$35 Office Visit & "Other" Charges add Medications	45% Office Visit & "Other" Charges or \$50/Visit whichever is more	50% Office Visit & "Other" Charges or \$55/Visit whichever is more	55% Office Visit & "Other" Charges or \$60 / Visit whichever is more	60% Office Visit & "Other" Charges or \$55/Visit whichever is more	65% Office Visit & "Other" Charges or \$60 / Visit whichever is more	100% Total Charges

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	Level IV
0	5%		7%	10%

Ryan White Part A eligible counties:	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>

**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.**