

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 <sup>1</sup>
1 - Annually	\$0 - 15,060	\$15,061 - 22,590	\$22,591 - 26,355	\$26,356 - 30,120	\$30,121+
1 - Monthly	\$0 - 1,255	\$1,256 - 1,823	\$1,824 - 2,196	\$2,197 - 2,510	\$2,511+
2 - Annually	\$0 - 20,440	\$20,441 - 30,660	\$30,661 - 35,770	\$35,771 - 40,880	\$40,881+
2 - Monthly	\$0 - 1,703	\$1,704 - 2,555	\$2,556 - 2,981	\$2,982 - 3,407	\$3,408+
3 - Annually	\$0 - 25,820	\$25,821 - 38,730	\$38,731 - 45,185	\$45,186 - 51,640	\$51,641+
3 - Monthly	\$0 - 2,152	\$2,153 - 3,228	\$3,229 - 3,765	\$3,766 - 4,303	\$4,304+
4 - Annually	\$0 - 31,200	\$31,201 - 46,800	\$46,801 - 54,600	\$54,601 - 62,400	\$62,401+
4 - Monthly	\$0 - 2,600	\$2,601 - 3,900	\$3,901 - 4,550	\$4,551 - 5,200	\$5,201+
5 - Annually*	\$0 - 36,580	\$36,581 - 54,870	\$54,871 - 64,015	\$64,016 - 73,160	\$73,161+
5 - Monthly*	\$0 - 3,048	\$3,049 - 4,573	\$4,574 - 5,335	\$5,336 - 6,097	\$6,098+

<sup>1</sup>If 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 <sup>1</sup>	\$10	\$30	\$35	\$40	Full Fee
BH- Sliding Fee	\$10	\$30	\$35	\$40	Full Fee
Dental- cleaning, exams and x-rays	\$30	\$40	\$50	\$60	Full Fee
Dental- all other services <sup>2</sup>	35%	35%	35%	35%	Full Fee
Prescription Formulary: 30 day supply <sup>3</sup>	\$10	\$15	\$20	\$25	Full Fee
Prescription Formulary: 90 day supply <sup>3</sup>	\$25	\$40	\$50	\$60	Full Fee
IUD Procedure <sup>4</sup>	\$50	\$60	\$70	\$80	Full Fee

**Add \$5,380 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.**

<sup>1</sup>Includes clinical pharmacy services

<sup>2</sup>Separate payment for Dental Procedures - dental procedures will be charged at a 35% discount off Fee Schedule for all slide categories, Full fee will be charged for greater than 200% FPL.

<sup>3</sup>Half 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.

<sup>3</sup>For 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.

<sup>4</sup>Separate payment for the IUD unit/product, uninsured patients below 200% only pay the cost of the product

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 -15,060	\$15,061 - 22,590	\$22,591 - 30,120	\$30,121 - 37,650	\$37,651 - 45,180	\$45,181 - 60,240	\$60,241 - 75,300	\$75,301+
1 - Monthly	\$0 - 1,255	\$1,256 - 1,883	\$1,884 - 2,510	\$2,511 - 3,138	\$3,139 - 3,765	\$3,766 - 5,020	\$5,021 - 6,275	\$6,276+
2 - Annually	\$0 - 20,440	\$20,441 - 30,660	\$30,661 - 40,880	\$40,881 - 51,100	\$51,101 - 61,320	\$61,321 - 81,760	\$81,761 - 102,200	\$102,201+
2 - Monthly	\$0 - 1,703	\$1,704 - 2,555	\$2,556 - 3,407	\$3,408 - 4,258	\$4,259 - 5,110	\$5,111 - 6,813	\$6,814 - 8,517	\$8,518+
3 - Annually	\$0 - 25,820	\$25,821 - 38,730	\$38,731 - 51,640	\$51,641 - 64,550	\$64,551 - 77,460	\$77,461 - 103,280	\$103,281 - 129,100	\$129,101+
3 - Monthly	\$0 - 2,152	\$2,153 - 3,228	\$3,229 - 4,303	\$4,304 - 5,379	\$5,380 - 6,455	\$6,456 - 8,607	\$8,608 - 10,758	\$10,759+
4 - Annually	\$0 - 31,200	\$31,201 - 46,800	\$46,801 - 62,400	\$62,401 - 78,000	\$78,001 - 93,600	\$93,601 - 124,800	\$124,801 - 156,000	\$156,001+
4 - Monthly	\$0 - 2,600	\$2,601 - 3,900	\$3,901 - 5,200	\$5,201 - 6,500	\$6,501 - 7,800	\$7,801 - 10,400	\$10,401 - 13,000	\$13,001+
5 - Annually	\$0 - 36,580	\$36,581 - 54,870	\$54,871 - 73,160	\$73,161 - 91,450	\$91,451 - 109,740	\$109,741 - 146,320	\$146,321 - 182,900	\$182,901+
5 - Monthly	\$0 - 3,048	\$3,049 - 4,573	\$4,574 - 6,097	\$6,0978 - 7,621	\$7,622 - 9,145	\$9,146 - 12,193	\$12,194 - 15,242	\$15,243+

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 \$5,380 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.**