

For people who are <u>not</u> living with HIV or <u>do not</u> know their HIV status					
Household Size	Income Group A	Income Group B	Income Group C	Income Group D	Income Group E ¹
1 - Annually	\$0 - 14,580	\$14,581 - 21,870	\$21,871 - 25,515	\$25,516 - 29,160	\$29,161+
1 - Monthly	\$0 - 1,215	\$1,216 - 1,823	\$1,824 - 2,126	\$2,127 - 2,430	\$2,431+
2 - Annually	\$0 - \$19,720	\$19,721 - \$29,580	\$29,581 - \$34,510	\$34,511 - \$39,440	\$39,441+
2 - Monthly	\$0 - 1,643	\$1,644 - 2,465	\$2,466 - 2,876	\$2,877 - 3,287	\$3,288+
3 - Annually	\$0 - \$24,860	\$24,861 - \$37,290	\$37,291 - \$43,505	\$43,506 - \$49,720	\$49,721+
3 - Monthly	\$0 - 2,072	\$2,073 - 3,108	\$3,109 - 3,625	\$3,626 - 4,143	\$4,144+
4 - Annually	\$0 - \$30,000	\$30,001 - \$45,000	\$45,001 - \$52,500	\$52,501 - \$60,000	\$60,001+
4 - Monthly	\$0 - \$2,500	\$2,501 - 3,750	\$3,751 - 4,375	\$4,376 - 5,000	\$5,001+
5 - Annually*	\$0 - \$35,140	\$35,141 - \$52,710	\$52,711 - \$61,495	\$61,496 - \$70,280	\$70,281+
5 - Monthly*	\$0 - 2,928	\$2,929 - 4,393	\$4,394 - 5,125	\$5,126 - 5,857	\$5,858+

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 ²	\$10	\$30	\$35	\$40	Full Price
Mental Health & Recovery	\$10	\$30	\$35	\$40	Full Price
Prescription Meds: 30 day supply ³	\$10	\$15	\$20	\$25	Full Price
Prescription Meds: 90 day supply ³	\$25	\$40	\$50	\$60	Full Price
IUD Procedure	\$50	\$60	\$70	\$80	Full Price
IUD Equipment ⁴	Cost	\$450	\$500	\$550	Full Price
Dental cleanings, exams, x-rays	\$30	\$40	\$50	\$60	Full Price
	Discount	Discount	Discount	Discount	Discount
All other dental procedures ⁵	\$30	55%	35%	15%	No discount

²Includes clinical pharmacy services.

³For a pharmacy customer to qualify for the sliding fee schedule, they 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

⁵Including but not limited to fillings, crowns, extractions, root canals, dentures, teeth whitening, and night guards.

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 - 14,580	\$14,581 - \$21,870	\$21,871 - \$29,160	\$29,161 - \$36,450	\$36,451 - \$43,740	\$43,741 - \$51,030	\$51,031 - \$58,320	\$58,321 - \$72,901+
1 - Monthly	\$0 - 1,215	\$1,216 - \$1,823	\$1,824 - \$2,430	\$2,431 - \$3,038	\$3,039 - \$3,645	\$3,646 - \$4,253	\$4,254 - \$4,861	\$4,862 - \$6,075
2 - Annually	\$0 - \$19,720	\$19,721 - \$29,580	\$29,581 - \$39,440	\$39,441 - \$49,300	\$49,301 - \$59,160	\$59,161 - \$69,020	\$69,021 - \$78,880	\$78,881 - \$98,601+
2 - Monthly	\$0 - 1,643	\$1,644 - \$2,465	\$2,466 - \$3,287	\$3,288 - \$4,108	\$4,109 - \$4,930	\$4,931 - \$5,751	\$5,752 - \$6,572	\$6,573 - \$8,217
3 - Annually	\$0 - \$24,860	\$24,861 - \$37,290	\$37,291 - \$49,720	\$49,721 - \$62,150	\$62,151 - \$74,580	\$74,581 - \$87,010	\$87,011 - \$99,440	\$99,441 - \$124,301+
3 - Monthly	\$0 - 2,072	\$2,073 - \$3,108	\$3,109 - \$4,143	\$4,144 - \$5,179	\$5,180 - \$6,215	\$6,216 - \$7,251	\$7,252 - \$8,287	\$8,288 - \$10,358
4 - Annually	\$0 - \$30,000	\$30,001 - \$45,000	\$45,001 - \$60,000	\$60,001 - \$75,000	\$75,001 - \$90,000	\$90,001 - \$105,000	\$105,001 - \$120,000	\$120,001 - \$150,001+
4 - Monthly	\$0 - 2,500	\$2,501 - \$3,750	\$3,751 - \$5,000	\$5,001 - \$6,250	\$6,251 - \$7,500	\$7,501 - \$8,750	\$8,751 - \$10,000	\$10,001 - \$12,501+
5 - Annually	\$0 - \$35,140	\$35,141 - \$52,710	\$52,711 - \$70,280	\$70,281 - \$87,850	\$87,851 - \$105,420	\$105,421 - \$122,990	\$122,991 - \$140,560	\$140,561 - \$175,701+
5 - Monthly	\$0 - 2,928	\$2,929 - \$4,393	\$4,394 - \$5,857	\$5,858 - \$7,321	\$7,322 - \$8,785	\$8,786 - \$10,249	\$10,250 - \$11,713	\$11,714 - \$14,642

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	None
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 \$5,140 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.