

LOA Medical Sliding Fee Discount 2026							
Service*	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Full Fee
Medical	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00	No Discount
Behavioral Health	\$ -	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	
Prenatal	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	
Household Size**	Household Income						
	0% - 100%	>100% - 133%	>133% - 150%	>150% - 175%	>175% - 200%	>200% - 250%	>250%
1	\$0	\$15,961	\$21,228	\$23,941	\$27,931	\$31,921	\$39,901
	\$15,960	\$21,227	\$23,940	\$27,930	\$31,920	\$39,900	&above
2	\$0	\$21,641	\$28,782	\$32,461	\$37,871	\$43,281	\$54,101
	\$21,640	\$28,781	\$32,460	\$37,870	\$43,280	\$54,100	&above
3	\$0	\$27,321	\$36,337	\$40,981	\$47,811	\$54,641	\$68,301
	\$27,320	\$36,336	\$40,980	\$47,810	\$54,640	\$68,300	&above
4	\$0	\$33,001	\$43,891	\$49,501	\$57,751	\$66,001	\$82,501
	\$33,000	\$43,890	\$49,500	\$57,750	\$66,000	\$82,500	&above
5	\$0	\$38,681	\$51,445	\$58,021	\$67,691	\$77,361	\$96,701
	\$38,680	\$51,444	\$58,020	\$67,690	\$77,360	\$96,700	&above
6	\$0	\$44,361	\$59,000	\$66,541	\$77,631	\$88,721	\$110,901
	\$44,360	\$58,999	\$66,540	\$77,630	\$88,720	\$110,900	&above
7	\$0	\$50,041	\$66,554	\$75,061	\$87,571	\$100,081	\$125,101
	\$50,040	\$66,553	\$75,060	\$87,570	\$100,080	\$125,100	&above
8	\$0	\$55,721	\$74,109	\$83,581	\$97,511	\$111,441	\$139,301
	\$55,720	\$74,108	\$83,580	\$97,510	\$111,440	\$139,300	&above
*The above charges are per visit and may not include lab fees, medications, or contraceptives. Fees will be communicated to you prior to being charged.							
**For families/households with greater than 8 people, please refer to the Department of Health and Human Services Federal Poverty Guidelines detailed data.							

LOA Dental Sliding Fee Discount 2026							
Service*	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Full Fee
Diagnostic and Preventative Services	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	NP \$130/Recall \$90
Restorative Service	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	No Discount
Sealants (Per Tooth)	\$ 5.00	\$ 10.00	\$ 12.00	\$ 15.00	\$ 18.00	\$ 20.00	
Endodontics (RCT)	\$ 60.00	\$ 67.00	\$ 72.00	\$ 75.00	\$ 78.00	\$ 80.00	
Periodontics	\$ 40.00	\$ 47.00	\$ 52.00	\$ 55.00	\$ 58.00	\$ 60.00	
Crowns (Per Tooth)	\$ 65.00	\$ 70.00	\$ 75.00	\$ 80.00	\$ 85.00	\$ 90.00	
Dentures	\$ 70.00	\$ 75.00	\$ 80.00	\$ 85.00	\$ 90.00	\$ 95.00	
On site Prosthodontics adjustments	\$ 20.00	\$ 23.00	\$ 27.00	\$ 33.00	\$ 37.00	\$ 40.00	
Repairs and Adj (LAB)	\$ 60.00	\$ 63.00	\$ 65.00	\$ 67.00	\$ 72.00	\$ 75.00	
Oral Surgery	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	\$ 75.00	\$ 80.00	
Household Size**	Household Income						
	0% - 100%	>100% - 133%	>133% - 150%	>150% - 175%	>175% - 200%	>200% - 250%	>250%
1	\$0	\$15,961	\$21,228	\$23,941	\$27,931	\$31,921	\$39,901
	\$15,960	\$21,227	\$23,940	\$27,930	\$31,920	\$39,900	&above
2	\$0	\$21,641	\$28,782	\$32,461	\$37,871	\$43,281	\$54,101
	\$21,640	\$28,781	\$32,460	\$37,870	\$43,280	\$54,100	&above
3	\$0	\$27,321	\$36,337	\$40,981	\$47,811	\$54,641	\$68,301
	\$27,320	\$36,336	\$40,980	\$47,810	\$54,640	\$68,300	&above
4	\$0	\$33,001	\$43,891	\$49,501	\$57,751	\$66,001	\$82,501
	\$33,000	\$43,890	\$49,500	\$57,750	\$66,000	\$82,500	&above
5	\$0	\$38,681	\$51,445	\$58,021	\$67,691	\$77,361	\$96,701
	\$38,680	\$51,444	\$58,020	\$67,690	\$77,360	\$96,700	&above
6	\$0	\$44,361	\$59,000	\$66,541	\$77,631	\$88,721	\$110,901
	\$44,360	\$58,999	\$66,540	\$77,630	\$88,720	\$110,900	&above
7	\$0	\$50,041	\$66,554	\$75,061	\$87,571	\$100,081	\$125,101
	\$50,040	\$66,553	\$75,060	\$87,570	\$100,080	\$125,100	&above
8	\$0	\$55,721	\$74,109	\$83,581	\$97,511	\$111,441	\$139,301
	\$55,720	\$74,108	\$83,580	\$97,510	\$111,440	\$139,300	&above
* Materials / dental prosthesis are charged separately at 100% cost (Dentures, Bridges, Crowns, Night Guard, etc.). Separate costs will be communicated to the patient prior to the rendering of services							
**For families/households with greater than 8 people, please refer to the Department of Health and Human Services Federal Poverty Guidelines detailed data.							

HRSA Medical Sliding Fee Discount 2026								
Service*	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Full Fee
Medical	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	NO DISCOUNT
Specialist <i>(Chiropractor, Psych APN, Nutrition, and Podiatry)</i>	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	
Prenatal	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00	
Behavioral Health	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	
GYN Procedure	\$ 75.00	\$ 85.00	\$ 95.00	\$ 105.00	\$ 115.00	\$ 125.00	\$ 135.00	
Household Size**	Household Income							
	0% - 100%	>100% - 120%	>120% - 135%	>135% - 150%	>150% - 175%	>175% - 185%	>185% - 200%	>200%
1	\$0	\$15,961	\$19,153	\$21,547	\$23,941	\$27,931	\$29,527	\$31,921
	\$15,960	\$19,152	\$21,546	\$23,940	\$27,930	\$29,526	\$31,920	&above
2	\$0	\$21,641	\$25,969	\$29,215	\$32,461	\$37,871	\$40,035	\$43,281
	\$21,640	\$25,968	\$29,214	\$32,460	\$37,870	\$40,034	\$43,280	&above
3	\$0	\$27,321	\$32,785	\$36,883	\$40,981	\$47,811	\$50,543	\$54,641
	\$27,320	\$32,784	\$36,882	\$40,980	\$47,810	\$50,542	\$54,640	&above
4	\$0	\$33,001	\$39,601	\$44,551	\$49,501	\$57,751	\$61,051	\$66,001
	\$33,000	\$39,600	\$44,550	\$49,500	\$57,750	\$61,050	\$66,000	&above
5	\$0	\$38,681	\$46,417	\$52,219	\$58,021	\$67,691	\$71,559	\$77,361
	\$38,680	\$46,416	\$52,218	\$58,020	\$67,690	\$71,558	\$77,360	&above
6	\$0	\$44,361	\$53,233	\$59,887	\$66,541	\$77,631	\$82,067	\$88,721
	\$44,360	\$53,232	\$59,886	\$66,540	\$77,630	\$82,066	\$88,720	&above
7	\$0	\$50,041	\$60,049	\$67,555	\$75,061	\$87,571	\$92,575	\$100,081
	\$50,040	\$60,048	\$67,554	\$75,060	\$87,570	\$92,574	\$100,080	&above
8	\$0	\$55,721	\$66,865	\$75,223	\$83,581	\$97,511	\$103,083	\$111,441
	\$55,720	\$66,864	\$75,222	\$83,580	\$97,510	\$103,082	\$111,440	&above
*The above charges are per visit and may not include lab fees, medications, or contraceptives. Fees will be communicated to you prior to being charged.								
**For families/households with greater than 8 people, please refer to the Department of Health and Human Services Federal Poverty Guidelines detailed data.								

HRSA Dental Sliding Fee Discount 2026								
Service*	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Full Fee
Consultation without x-rays	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	No Discount
Diagnostic (Emergency only) / Simple Repairs/Cleaning (Hygienist)	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	
Preventative (NP /Recall Exams)	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	\$ 75.00	NP \$130/Recall \$90
Sealants (Per Tooth)	\$ 5.00	\$ 12.00	\$ 15.00	\$ 17.00	\$ 20.00	\$ 22.00	\$ 25.00	No Discount
Level 1 Restorative Service	\$ 50.00	\$ 53.00	\$ 56.00	\$ 60.00	\$ 63.00	\$ 66.00	\$ 70.00	
Level 2 Restorative service	\$ 60.00	\$ 63.00	\$ 66.00	\$ 70.00	\$ 73.00	\$ 76.00	\$ 80.00	
Endodontics (RCT)	\$ 60.00	\$ 65.00	\$ 70.00	\$ 75.00	\$ 80.00	\$ 85.00	\$ 90.00	
Periodontics	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	
Crowns (Per Tooth)	\$ 100.00	\$ 110.00	\$ 115.00	\$ 125.00	\$ 130.00	\$ 140.00	\$ 145.00	
Bridges	\$ 150.00	\$ 160.00	\$ 165.00	\$ 175.00	\$ 180.00	\$ 190.00	\$ 195.00	
Dentures	\$ 125.00	\$ 135.00	\$ 140.00	\$ 150.00	\$ 155.00	\$ 165.00	\$ 170.00	
Oral Surgery	\$ 65.00	\$ 75.00	\$ 85.00	\$ 95.00	\$ 100.00	\$ 110.00	\$ 120.00	
Adjustment/Repairs	\$ 50.00	\$ 58.00	\$ 62.00	\$ 65.00	\$ 68.00	\$ 72.00	\$ 75.00	
Nightguard	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	\$ 75.00	\$ 80.00	\$ 85.00	
Household Size**	Household Income							
	0% - 100%	>100% - 120%	>120% - 135%	>135% - 150%	>150% - 175%	>175% - 185%	>185% - 200%	>200%
1	\$0	\$15,961	\$19,153	\$21,547	\$23,941	\$27,931	\$29,527	\$31,921
	\$15,960	\$19,152	\$21,546	\$23,940	\$27,930	\$29,526	\$31,920	&above
2	\$0	\$21,641	\$25,969	\$29,215	\$32,461	\$37,871	\$40,035	\$43,281
	\$21,640	\$25,968	\$29,214	\$32,460	\$37,870	\$40,034	\$43,280	&above
3	\$0	\$27,321	\$32,785	\$36,883	\$40,981	\$47,811	\$50,543	\$54,641
	\$27,320	\$32,784	\$36,882	\$40,980	\$47,810	\$50,542	\$54,640	&above
4	\$0	\$33,001	\$39,601	\$44,551	\$49,501	\$57,751	\$61,051	\$66,001
	\$33,000	\$39,600	\$44,550	\$49,500	\$57,750	\$61,050	\$66,000	&above
5	\$0	\$38,681	\$46,417	\$52,219	\$58,021	\$67,691	\$71,559	\$77,361
	\$38,680	\$46,416	\$52,218	\$58,020	\$67,690	\$71,558	\$77,360	&above
6	\$0	\$44,361	\$53,233	\$59,887	\$66,541	\$77,631	\$82,067	\$88,721
	\$44,360	\$53,232	\$59,886	\$66,540	\$77,630	\$82,066	\$88,720	&above
7	\$0	\$50,041	\$60,049	\$67,555	\$75,061	\$87,571	\$92,575	\$100,081
	\$50,040	\$60,048	\$67,554	\$75,060	\$87,570	\$92,574	\$100,080	&above
8	\$0	\$55,721	\$66,865	\$75,223	\$83,581	\$97,511	\$103,083	\$111,441
	\$55,720	\$66,864	\$75,222	\$83,580	\$97,510	\$103,082	\$111,440	&above
* Materials / dental prosthesis are charged separately at 100% cost (Dentures, Bridges, Crowns, Night Guard, etc.). Separate costs will be communicated to the patient prior to the rendering of services								
**For families/households with greater than 8 people, please refer to the Department of Health and Human Services Federal Poverty Guidelines detailed data.								

Ryan White Sliding Fee Discount 2026								
Service*	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Full Fee	Full Fee
Ryan White Visit	\$ -	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 50.00	No Discount
Household Size**	Household Income							
	0% - 100%	>100% - 133%	>133% - 150%	>150% - 175%	>175% - 200%	>200% - 250%	>250%	>500%
1	\$0 \$15,960	\$15,961 \$21,227	\$21,228 \$23,940	\$23,941 \$27,930	\$27,931 \$31,920	\$31,921 \$39,900	\$39,901 \$79,800	\$79,801 &above

HRSA 340B Sliding Fee Discount Scale

1-30 Day Supply		Plan A	Plan B-C	Plan D-F	Plan G	Full Fee
<i>FPL:</i>		0% - 100%	>100% - 135%	>135% - 185%	>185% - 200%	>200%
Brand Drugs		340B Acquisition + \$3.00 Dispense Fee	340B Acquisition + \$5.00 Dispense Fee	340B Acquisition + \$8.00 Dispense Fee	340B Acquisition + \$10.00 Dispense Fee	340B Acquisition + \$12.00 Dispense Fee
Generics < \$5		340B Acquisition + \$1.00 Dispense Fee	340B Acquisition + \$2.00 Dispense Fee	340B Acquisition + \$3.00 Dispense Fee	340B Acquisition + \$4.00 Dispense Fee	340B Acquisition + \$5.00 Dispense Fee
Generics >= \$5		340B Acquisition + \$3.00 Dispense Fee	340B Acquisition + \$5.00 Dispense Fee	340B Acquisition + \$8.00 Dispense Fee	340B Acquisition + \$10.00 Dispense Fee	340B Acquisition + \$12.00 Dispense Fee
31-90 Day Supply		Plan A	Plan B-C	Plan D-F	Plan G	Full Fee
<i>FPL:</i>		0% - 100%	>100% - 135%	>135% - 185%	>185% - 200%	>200%
Brand Drugs		340B Acquisition + \$6.00 Dispense Fee	340B Acquisition + \$10.00 Dispense Fee	340B Acquisition + \$16.00 Dispense Fee	340B Acquisition + \$20.00 Dispense Fee	340B Acquisition + \$24.00 Dispense Fee
Generics < \$5		340B Acquisition + \$1.00 Dispense Fee	340B Acquisition + \$2.00 Dispense Fee	340B Acquisition + \$3.00 Dispense Fee	340B Acquisition + \$4.00 Dispense Fee	340B Acquisition + \$5.00 Dispense Fee
Generics >= \$5		340B Acquisition + \$3.00 Dispense Fee	340B Acquisition + \$5.00 Dispense Fee	340B Acquisition + \$8.00 Dispense Fee	340B Acquisition + \$10.00 Dispense Fee	340B Acquisition + \$12.00 Dispense Fee
Household Size						
	1	\$0 \$15,960	\$15,961 \$21,546	\$21,547 \$29,526	\$29,527 \$31,920	\$31,921 &above
	2	\$0 \$21,640	\$21,641 \$29,214	\$29,215 \$40,034	\$40,035 \$43,280	\$43,281 &above
	3	\$0 \$27,320	\$27,321 \$36,882	\$36,883 \$50,542	\$50,543 \$54,640	\$54,641 &above
	4	\$0 \$33,000	\$33,001 \$44,550	\$44,551 \$61,050	\$61,051 \$66,000	\$66,001 &above
	5	\$0 \$38,680	\$38,681 \$52,218	\$52,219 \$71,558	\$71,559 \$77,360	\$77,361 &above
	6	\$0 \$44,360	\$44,361 \$59,886	\$59,887 \$82,066	\$82,067 \$88,720	\$88,721 &above
	7	\$0 \$50,040	\$50,041 \$67,554	\$67,555 \$92,574	\$92,575 \$100,080	\$100,081 &above
	8	\$0 \$55,720	\$55,721 \$75,222	\$75,223 \$103,082	\$103,083 \$111,440	\$111,441 &above
<p>**For families/households with greater than 8 people, please refer to the Department of Health and Human Services Federal Poverty Guidelines detailed data.</p>						