

**DENTAL PREVENTATIVE
SLIDING FEE DISCOUNT SCHEDULE
BASED ON THE 2023 FEDERAL POVERTY LEVEL - Effective 2/8/2023
ALL FQHC AND ELIGIBLE PATIENTS**

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
		100%	125%	150%	175%	200%	201%
	FPL >	0-100%	101-125%	126-150%	151-175%	176-200%	Over 200%
FAMILY SIZE	DISCOUNT >	100% Discount \$30 Payment = to or Less Than	\$35 Fixed Payment = to or Less Than	\$40 Fixed Payment = to or Less Than	\$45 Fixed Payment = to or Less Than	\$50 Fixed Payment = to or Less Than	No Discount Pay Charges OVER
1	Annual (up to)	\$ 14,580	\$ 18,225	\$ 21,870	\$ 25,515	\$ 29,160	\$ 29,161
	Monthly	\$ 1,215	\$ 1,519	\$ 1,823	\$ 2,126	\$ 2,430	\$ 2,431
	Weekly	\$ 280	\$ 350	\$ 421	\$ 491	\$ 561	\$ 562
2	Annual	\$ 19,720	\$ 24,650	\$ 29,580	\$ 34,510	\$ 39,440	\$ 39,441
	Monthly	\$ 1,643	\$ 2,054	\$ 2,465	\$ 2,876	\$ 3,287	\$ 3,288
	Weekly	\$ 379	\$ 474	\$ 569	\$ 664	\$ 758	\$ 759
3	Annual	\$ 24,860	\$ 31,075	\$ 37,290	\$ 43,505	\$ 49,720	\$ 49,721
	Monthly	\$ 2,072	\$ 2,590	\$ 3,108	\$ 3,625	\$ 4,143	\$ 4,144
	Weekly	\$ 478	\$ 598	\$ 717	\$ 837	\$ 956	\$ 957
4	Annual	\$ 30,000	\$ 37,500	\$ 45,000	\$ 52,500	\$ 60,000	\$ 60,001
	Monthly	\$ 2,500	\$ 3,125	\$ 3,750	\$ 4,375	\$ 5,000	\$ 5,001
	Weekly	\$ 577	\$ 721	\$ 865	\$ 1,010	\$ 1,154	\$ 1,155
5	Annual	\$ 35,140	\$ 43,925	\$ 52,710	\$ 61,495	\$ 70,280	\$ 70,281
	Monthly	\$ 2,928	\$ 3,660	\$ 4,393	\$ 5,125	\$ 5,857	\$ 5,858
	Weekly	\$ 676	\$ 845	\$ 1,014	\$ 1,183	\$ 1,352	\$ 1,353
6	Annual	\$ 40,280	\$ 50,350	\$ 60,420	\$ 70,490	\$ 80,560	\$ 80,561
	Monthly	\$ 3,357	\$ 4,196	\$ 5,035	\$ 5,874	\$ 6,713	\$ 6,714
	Weekly	\$ 775	\$ 968	\$ 1,162	\$ 1,356	\$ 1,549	\$ 1,550
7	Annual	\$ 45,420	\$ 56,775	\$ 68,130	\$ 79,485	\$ 90,840	\$ 90,841
	Monthly	\$ 3,785	\$ 4,731	\$ 5,678	\$ 6,624	\$ 7,570	\$ 7,571
	Weekly	\$ 873	\$ 1,092	\$ 1,310	\$ 1,529	\$ 1,747	\$ 1,748
8	Annual	\$ 50,560	\$ 63,200	\$ 75,840	\$ 88,480	\$ 101,120	\$ 101,121
	Monthly	\$ 4,213	\$ 5,267	\$ 6,320	\$ 7,373	\$ 8,427	\$ 8,428
	Weekly	\$ 972	\$ 1,215	\$ 1,458	\$ 1,702	\$ 1,945	\$ 1,946

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$5,140 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$44,660+\$5,140=\$49,800