



a california *health+* center

SLIDING FEE DISCOUNT PROGRAM SUMMARY - Effective Starting Date of Service 8/20/2020

Patients must complete a "Statement of Income to Verify if You Are Eligible for Sliding Fee Discount" form and submit supporting documents to determine eligibility for participation in the program. Eligibility is re-certified every year. Participating members receive discounts on services, as summarized below.

<https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines>.

Each applicant household is assigned a category based on annual income and number of people.	Category	A		B		C		D		E		F	
	% Federal Poverty Limit (FPL)	100% and under		101-133%		134-167%		168-200%		201-250%		251-300%	
	Income Range for Each Category by Family Size												
	Family Size	From	To	From	To	From	To	From	To	From	To	From	To
	1	\$0	\$12,140	\$12,141	\$16,146	\$16,147	\$20,274	\$20,275	\$24,280	\$24,281	\$30,350	\$30,351	\$36,420
	2	\$0	\$16,460	\$16,461	\$21,892	\$21,893	\$27,488	\$27,489	\$32,920	\$32,921	\$41,150	\$41,151	\$49,380
	3	\$0	\$20,780	\$20,781	\$27,637	\$27,638	\$34,703	\$34,704	\$41,560	\$41,561	\$51,950	\$51,951	\$62,340
	4	\$0	\$25,100	\$25,101	\$33,383	\$33,384	\$41,917	\$41,918	\$50,200	\$50,201	\$62,750	\$62,751	\$75,300
	5	\$0	\$29,420	\$29,421	\$39,129	\$39,130	\$49,131	\$49,132	\$58,840	\$58,841	\$73,550	\$73,551	\$88,260
	6	\$0	\$33,740	\$33,741	\$44,874	\$44,875	\$56,346	\$56,347	\$67,480	\$67,481	\$84,350	\$84,351	\$101,220
7	\$0	\$38,060	\$38,061	\$50,620	\$50,621	\$63,560	\$63,561	\$76,120	\$76,121	\$95,150	\$95,151	\$114,180	
8	\$0	\$42,380	\$42,381	\$56,365	\$56,366	\$70,775	\$70,776	\$84,760	\$84,761	\$105,950	\$105,951	\$127,140	
For each additional person:		add \$4,320		add 5,746		add \$7214		add \$8,640		add \$10800		add \$12,960	

MEDICAL

Policy Effective 5/1/2015

Category	A	B	C	D	E	F
Fee (per visit)	\$30	\$40	\$50	\$60	Full fee based on schedule of charges	



Exceptions: Title X (family planning) services are provided at no charge for patients with incomes 200% or below and at 10% discount for 201-250% FPL. Ryan White services are provided at no charge for patients at 300% or below FPL.

- * Tattoo removal is \$50, unless County determines patient is grant-eligible.
- * Per agreement with Alameda County Health Care Services, patients are not charged fees at the school-based health centers.
- * Specialty mental health based on county's patient fee schedule (UMDAP).
- * Enabling services (group therapy sessions, nutrition counseling, etc.) are 100% discounted for patients 200% and below.
- * Reference labs are charged at discounted Quest rate.
- * Incidental supplies (frames, dental devices, etc.) are charged per schedule of prices, which are set at less than prevailing rates.

PHARMACEUTICAL

Policy Effective 7/1/2017

Category	A		B		C		D		E	F
	Rx	OTC	Rx	OTC	Rx	OTC	Rx	OTC		
Dispensing Fee (per prescription)	\$5	\$2.50	\$14	\$7	\$16	\$8	\$18	\$9	\$20 / \$10	

- * Two locations, San Antonio and Transit Village, have pharmacies; this applies at those locations only.
- * Drug charged at cost, plus dispensing fee that slides as above. Over-the-counter dispensing half the price of prescriptions.

SLIDING FEE DISCOUNT PROGRAM

See previous page for income limits

Category	A	B	C	D	E	F
% Federal Poverty Limit (FPL)	100% and under	101-133%	134-167%	168-200%	201-250%	251-300%



Policy Effective 6/1/2015

RADIOLOGY / X-RAY SERVICES

Category	A	B	C	D	E	F
Fee* (per visit)	\$20	\$30	\$40	\$50	Full fee based on schedule of charges	

* If full price of the X-ray or other service is less than the flat fee, patient will be charged the lower amount.



Policy Effective 6/1/2015

OPTICAL

Category	A	B	C	D	E	F
Fee (per visit)*	\$40	\$50	\$60	\$70	Full fee based on schedule of charges	

* Fee covers services only (examination, in-office testing, fitting); it does not include the cost of lenses, frames, contacts or other items.



Policy Effective 08/20/2020

DENTAL Emergency, Prevention and Diagnostic Services

Acute emergency dental services intend to provide treatment for minor injuries and pain. Diagnostic emergency services include necessary examinations, radiographs (X-rays) and appropriate palliative management, as determined by the dentist. Emergency procedures may include basic extractions, temporary fillings, treatment for abscesses, post operative complications, and extreme sensitivity.

Prevention and diagnostic services intend to prevent the onset of dental disease. These services include periodic and comprehensive exams, radiographs (X-rays), basic cleanings, topical fluoride, oral health education, and tooth sealants.

Category	A	B	C	D	E	F
FPL	100% and under	101-133%	134-167%	168-200%	201-250%	251-300%
Fee (per visit)	\$45	\$55	\$65	\$75	Full fee based on schedule of charges	

*The fee covers the entire visit, regardless of the number of qualified services (acute emergency or prevention and diagnostic) performed.

Other elective services not categorized as either acute emergency or prevention and diagnosis are discounted as follows:

% Discount (per service/item)	A	B	C	D	E	F
	60%	50%	40%	30%	Full fee based on schedule of charges	

*Exception: Laboratory fees (dentures, crowns, night guards, implants) will be charged at cost. The discount will not apply to these fees.