



a california *health+* center

SLIDING FEE DISCOUNT PROGRAM SUMMARY - Effective Starting Date of Service 02/01/2021

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/2021/02/01/2021-01969/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	\$12,880	\$12,881	\$17,130	\$17,131	\$21,510	\$21,511	\$25,760	\$25,761	\$32,200	\$32,201	\$38,640
	2	\$0	\$17,420	\$17,421	\$23,169	\$23,170	\$29,091	\$29,092	\$34,840	\$34,841	\$43,550	\$43,551	\$52,260
	3	\$0	\$21,960	\$21,961	\$29,207	\$29,208	\$36,673	\$36,674	\$43,920	\$43,921	\$54,900	\$54,901	\$65,880
	4	\$0	\$26,500	\$26,501	\$35,245	\$35,246	\$44,255	\$44,256	\$53,000	\$53,001	\$66,250	\$66,251	\$79,500
	5	\$0	\$31,040	\$31,041	\$41,283	\$41,284	\$51,837	\$51,838	\$62,080	\$62,081	\$77,600	\$77,601	\$93,120
	6	\$0	\$35,580	\$35,581	\$47,321	\$47,322	\$59,419	\$59,420	\$71,160	\$71,161	\$88,950	\$88,951	\$106,740
	7	\$0	\$40,120	\$40,121	\$53,360	\$53,361	\$67,000	\$67,001	\$80,240	\$80,241	\$100,300	\$100,301	\$120,360
	8	\$0	\$44,660	\$44,661	\$59,398	\$59,399	\$74,582	\$74,583	\$89,320	\$89,321	\$111,650	\$111,651	\$133,980
	For each additional person:		add \$4,540		add \$6,038		add \$7,582		add \$9,080		add \$11,350		add \$13,620

MEDICAL

Policy Effective 02/1/2021

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 02/1/2021

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

- * 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.



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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 7/19/2019

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 02/1/2021

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 02/1/2021

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
Fee (per visit)	\$45	\$55	\$65	\$75	Full fee based on schedule of charges	
Services not categorized as either acute emergency or prevention and diagnosis are discounted as follows:						
% Discount (per service/item)	60%	50%	40%	30%		

Exclusions: * Outside lab work (crowns, dentures, mouthguards, etc.) is charged at cost.

Behavioral Health

Policy Effective 02/1/2021

Category	A	B	C	D	E	F
Fee (per visit)	\$0	\$0	\$0	\$0	Full fee based on schedule of charges	

*Note: Full fees are based on Medi-Cal contracts and can be renegotiated and changed without notice. Therefore, fees should be considered to an approximation.

Federal Poverty Limits effective 1/26/2019; effective at La Clinica 2/1/21.