



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.



## Key Information for Patients

1. If your household income is below 200% of the Federal Poverty Limit, you are eligible to receive behavioral health visits free of cost. If your household income is above 200% of the Federal Poverty Limit and you are uninsured, you will be charged full fees for your behavioral health visits. If you have insurance, please contact your health insurance provider to see whether behavioral health visits are covered.
  2. Please make sure that your annual Statement of Income form is up to date. This will help to ensure that any sliding fee discount for which you are eligible is applied to your account.
  3. If your household income is above 200% of the Federal Poverty Limit, but you cannot afford to pay full fees due to a hardship, you may write a letter explaining your hardship, and submit it to the La Clínica Billing Department. The Billing Department will evaluate your request, and make a determination as to whether they are able to fully or partially waive the charges.
- \* If you have any questions or concerns about a bill you have received, call the Billing Department at 1-855-763-0480.