



## Community Health Center of Cape Cod Sliding Fees Scale 2021

Based on 2021 Federal Poverty Guidelines (1/19/21 Federal Register)

Poverty Level		100% FPL	133% FPL	150% FPL	185% FPL	200% FPL	>200%
<i>Per Visit Sliding Fee Scale (all services)</i>		0%	Sliding Fee = 20%	Sliding Fee = 40%	Sliding Fee = 60%	Sliding Fee = 80%	100%
<i>Pharmacy Co-Pays</i>		\$0.00	\$6.00	\$8.00	\$10.00	\$12.00	no slide
<b>Medical, Behavioral Health, Dental* and Optometry*</b>	Family Size	Annual	Annual	Annual	Annual	Annual	Annual
	1	\$ 12,880	\$ 15,456	\$ 18,032	\$ 20,608	\$ 23,184	\$ 25,760
	2	\$ 17,420	\$ 20,904	\$ 24,388	\$ 27,872	\$ 31,356	\$ 34,840
	3	\$ 21,960	\$ 26,352	\$ 30,744	\$ 35,136	\$ 39,528	\$ 43,920
	4	\$ 26,500	\$ 31,800	\$ 37,100	\$ 42,400	\$ 47,700	\$ 53,000
	5	\$ 31,040	\$ 37,248	\$ 43,456	\$ 49,664	\$ 55,872	\$ 62,080
	6	\$ 35,580	\$ 42,696	\$ 49,812	\$ 56,928	\$ 64,044	\$ 71,160
	7	\$ 40,120	\$ 48,144	\$ 56,168	\$ 64,192	\$ 72,216	\$ 80,240
	8	\$ 44,660	\$ 53,592	\$ 62,524	\$ 71,456	\$ 80,388	\$ 89,320
	Each Add'l	\$ 4,540	\$ 5,448	\$ 6,356	\$ 7,264	\$ 8,172	\$ 8,173

**Pending Fee - \$25 Medical, Dental, BH & Optometry; Pharmacy noted above \*Dental , ( dentures, crowns, endodontic care not covered under the scope of preventative (or restorative fillings) care will be provided at reasonable cost to purchase and deliver)\* Optometry - select glasses will be provided at a sliding fee of -0- at 100% FPL and \$25 for 133%-200% FPL**

Patients will pay \$25.00 pending final approval for Mass Health other assistance program.

Payments for visits retroactively approved for third party coverage will be refunded.