

Community Health Center Sliding Fees Scale 2023

Based on 2023 Federal Poverty Guidelines (1/19/23 Federal Register)

Poverty Level		100% FPL		133% FPL		150% FPL		185% FPL		200% FPL		>200%	
Per Visit Sliding Fee Scale (all services) Pharmacy Co-Pays		0% 0		Sliding Fee = 20% \$6.00		Sliding Fee = 40% \$8.00		Sliding Fee = 60% \$10.00		Sliding Fee = 80% \$12.00		100% no slide	
	Family Size		Annual		Annual		Annual		Annual		Annual		Annual
Medical, Behavioral Health, Dental*	1	\$	14,580	\$	19,391	\$	21,870	\$	26,973	\$	29,160	\$	29,161
	2	\$	19,720	\$	26,228	\$	29,580	\$	36,482	\$	39,440	\$	39,441
	3	\$	24,860	\$	33,064	\$	37,290	\$	45,991	\$	49,720	\$	49,721
	4	\$	30,000	\$	39,900	\$	45,000	\$	55,500	\$	60,000	\$	60,001
and	5	\$	35,140	\$	46,736	\$	52,710	\$	65,009	\$	70,280	\$	70,281
Optometry*	6	\$	40,280	\$	53,572	\$	60,420	\$	74,518	\$	80,560	\$	80,561
	7	\$	45,420	\$	60,409	\$	68,130	\$	84,027	\$	90,840	\$	90,841
	8	\$	50,560	\$	67,245	\$	75,840	\$	93,536	\$	101,120	\$	101,121
	Each Add'l	\$	5,140	\$	6,836	\$	7,710	\$	9,509	\$	10,280	\$	10,281

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 MassHealth other assistance program. Payments for visits retroactively approved for third party coverage will be refunded.