



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)		0%	Sliding Fee = 20%	Sliding Fee = 40%	Sliding Fee = 60%	Sliding Fee = 80%	100%
Pharmacy Co-Pays		0	\$6.00	\$8.00	\$10.00	\$12.00	no slide
Medical, Behavioral Health, Dental* and Optometry*	Family Size	Annual	Annual	Annual	Annual	Annual	Annual
	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
	5	\$ 35,140	\$ 46,736	\$ 52,710	\$ 65,009	\$ 70,280	\$ 70,281
	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	
<p align="center">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</p>							

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.

Updated 1-19-23