



Community Health Center Sliding Fees Scale 2024

Based on 2024 Federal Poverty Guidelines (1/12/24 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	\$ 15,060	\$ 20,030	\$ 22,590	\$ 27,861	\$ 30,120	\$ 30,121
	2	\$ 20,440	\$ 27,185	\$ 30,660	\$ 37,814	\$ 40,880	\$ 40,881
	3	\$ 25,820	\$ 34,341	\$ 38,730	\$ 47,767	\$ 51,640	\$ 51,641
	4	\$ 31,200	\$ 41,496	\$ 46,800	\$ 57,720	\$ 62,400	\$ 62,401
	5	\$ 36,580	\$ 48,651	\$ 54,870	\$ 67,673	\$ 73,160	\$ 73,161
	6	\$ 41,960	\$ 55,807	\$ 62,940	\$ 77,626	\$ 83,920	\$ 83,921
	7	\$ 47,340	\$ 62,962	\$ 71,010	\$ 87,579	\$ 94,680	\$ 94,681
	8	\$ 52,720	\$ 70,118	\$ 79,080	\$ 97,532	\$ 105,440	\$ 105,441
	Each Add'l	\$ 3,220	\$ 7,156	\$ 8,070	\$ 9,953	\$ 10,760	\$ 10,761

**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.