



Community Health Center Sliding Fees Scale 2025

Based on 2024 Federal Poverty Guidelines (1/15/25 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	\$8	\$10	\$12	no slide
Medical, Behavioral Health, Dental* and Optometry*	Family Size	Annual	Annual	Annual	Annual	Annual	Annual
	1	\$ 15,650	\$ 17,731	\$ 21,910	\$ 28,953	\$ 31,300	\$ 31,301
	2	\$ 21,150	\$ 23,963	\$ 30,660	\$ 39,128	\$ 42,300	\$ 42,301
	3	\$ 26,650	\$ 30,194	\$ 38,730	\$ 49,303	\$ 53,300	\$ 53,301
	4	\$ 32,150	\$ 36,426	\$ 46,800	\$ 59,478	\$ 64,300	\$ 64,301
	5	\$ 37,650	\$ 48,651	\$ 54,870	\$ 69,653	\$ 75,300	\$ 75,301
	6	\$ 41,450	\$ 55,807	\$ 62,940	\$ 76,683	\$ 82,900	\$ 82,901
	7	\$ 48,650	\$ 62,962	\$ 71,010	\$ 90,003	\$ 97,300	\$ 97,301
	8	\$ 54,150	\$ 70,118	\$ 79,080	\$ 100,178	\$ 105,440	\$ 108,301
	Each Add'l	\$ 5,500	\$ 7,156	\$ 8,070	\$ 10,175	\$ 8,140	\$ 8,141
<p align="center">Pending Fee - \$25 Medical, Dental, BH & Optometry; Pharmacy noted above</p> <p align="center">*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)</p> <p align="center">* 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.