

HealthLinc

2024 Sliding Fee Scale for Patients - Board Approved February 19, 2024

Based on the Patient's Household Size and Annual Income and the 2023 Federal Poverty Level (FPL)

Number of People in Patient's Household	Up to 100% FPL	101% - 150% FPL	151% - 185% FPL	186% - 200% FPL	Over 200% FPL
1	\$15,060	\$22,590	\$27,861	\$30,120	\$30,121
2	\$20,440	\$30,660	\$37,814	\$40,880	\$40,881
3	\$25,820	\$38,730	\$47,767	\$51,640	\$51,641
4	\$31,200	\$46,800	\$57,720	\$62,400	\$62,401
5	\$36,580	\$54,870	\$67,673	\$73,160	\$73,161
6	\$41,960	\$62,940	\$77,626	\$83,920	\$83,921
7	\$47,340	\$71,010	\$87,579	\$94,680	\$94,681
8	\$52,720	\$79,080	\$97,532	\$105,440	\$105,441
For each additional person, add:	\$5,380	\$8,070	\$9,953	\$10,760	\$10,761
MEDICAL Sliding Fee	\$20.00	\$30.00	\$40.00	\$50.00	100% of full charges
Behavioral Health with Medical visit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Behavior Health Counselor (BHC) Sliding Fee per Visit	\$5.00	\$10.00	\$15.00	\$20.00	100% of full charges
CBC,CMP, A1C, LIPID	Included	Included	Included	Included	100% of full charges
DENTAL Sliding Fee	\$20.00 (Level A)	Level B	Level C	Level D	100% of full charges (Level E)

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**2024 Escala Proporcional Propuesta para Pacientes (Aprobada por los Miembros del Consejo Febrero 19, 2024)
Basado en el tamaño familiar del paciente e Ingreso Anual y el Nivel de Pobreza Federal (NPF) del 2023**

Número de Personas en el hogar de el Paciente	Hasta 100% NPF	101% - 150% NPF	151%-185% NPF	186% - 200% NPF	Sobre 200% NPF
1	\$15,060	\$22,590	\$27,861	\$30,120	\$30,121
2	\$20,440	\$30,660	\$37,814	\$40,880	\$40,881
3	\$25,820	\$38,730	\$47,767	\$51,640	\$51,641
4	\$31,200	\$46,800	\$57,720	\$62,400	\$62,401
5	\$36,580	\$54,870	\$67,673	\$73,160	\$73,161
6	\$41,960	\$62,940	\$77,626	\$83,920	\$83,921
7	\$47,340	\$71,010	\$87,579	\$94,680	\$94,681
8	\$52,720	\$79,080	\$97,532	\$105,440	\$105,441
Por cada persona adicional aumente:	\$5,380	\$8,070	\$9,953	\$10,760	\$10,761
Escala proporcional MEDICA	\$20.00	\$30.00	\$40.00	\$50.00	100% del total de cargos
Consejero con visita Medica	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Escala proporcional del Consejero (Behavioral Health) por Visita	\$5.00	\$10.00	\$15.00	\$20.00	100% del total de cargos
CBC, CMP, A1C, LIPID	Incluido	Incluido	Incluido	Incluido	100% del total de cargos
Escala Proporcional DENTAL	\$20.00 (Nivel A)	Nivel B	Nivel C	Nivel D	100% del total de cargos (Nivel E)