## 2024 Sliding Fee Discount Schedule

<table>
<thead>
<tr>
<th># of Family Members</th>
<th>0 - 100% of Federal Poverty Level (FPL)</th>
<th>101 - 140% of Federal Poverty Level (FPL)</th>
<th>141 - 180% of Federal Poverty Level (FPL)</th>
<th>181 - 200% of Federal Poverty Level (FPL)</th>
<th>Over 200% Federal Poverty Level (FPL) / No Income Information Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0</td>
<td>$15,060</td>
<td>$21,084</td>
<td>$27,108</td>
<td>$30,121</td>
</tr>
<tr>
<td>2</td>
<td>$5,380</td>
<td>$20,440</td>
<td>$28,616</td>
<td>$36,794</td>
<td>$40,884</td>
</tr>
<tr>
<td>3</td>
<td>$10,760</td>
<td>$25,820</td>
<td>$36,148</td>
<td>$46,476</td>
<td>$51,641</td>
</tr>
<tr>
<td>4</td>
<td>$16,140</td>
<td>$31,200</td>
<td>$43,680</td>
<td>$56,161</td>
<td>$62,401</td>
</tr>
<tr>
<td>5</td>
<td>$21,520</td>
<td>$36,580</td>
<td>$51,212</td>
<td>$65,844</td>
<td>$73,161</td>
</tr>
<tr>
<td>6</td>
<td>$26,900</td>
<td>$41,960</td>
<td>$58,744</td>
<td>$75,528</td>
<td>$83,921</td>
</tr>
<tr>
<td>7</td>
<td>$32,280</td>
<td>$47,340</td>
<td>$66,276</td>
<td>$85,212</td>
<td>$94,681</td>
</tr>
<tr>
<td>8</td>
<td>$37,660</td>
<td>$52,720</td>
<td>$73,808</td>
<td>$94,896</td>
<td>$105,441</td>
</tr>
</tbody>
</table>

**Add for Each Additional Person**

- $5,380
- $7,532
- $9,684
- $10,760

**Patient Payments:**

- **Medical**: $30, $60, $110, $160, $175.00
- **Prenatal Care**: $850, $1,400, $1,950, $2,500, $3,800.00
- **Sonography**: $100, $130, $170, $200, $220.00
- **Behavioral Health (Per Session)**: $5, $10, $30, $50, $70.00
- **Behavioral Health (4 Session Pack)**: $6, $35, $115, $190, $275.00
- **Behavioral Health (8 Session Pack)**: $10, $70, $230, $390, $550.00
- **Nursing**: $10, $20, $40, $60, $75.00
- **Vaccines**: $23, $23, $23, $23, $23.00

**NOTE:** VFC Admin Fee is $23 regardless of the number of injections given. **NOTE:** VFC Admin Fee is $23 for all self-pay patients regardless of their discount qualifications.

Discount Schedule based on 2024 Federal Poverty Guidelines, found at ASPE.hhs.gov

**Level I** - includes all services, including labs and family planning.

**Level II** - Level IV - includes all services and labs. Family planning is additional cost.

In all cases, the **NO DISCOUNT Level** is an initial fee. Patient will be balance billed for full charges.

For Family Planning/Title X Fees: See Title X Sliding Fee Scale
## Family Planning Prices:

*NOTE: Family planning fees are separate from medical fees (Title "X" Pricing). Oral contraceptives pricing is per unit.*

<table>
<thead>
<tr>
<th></th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
<th>No Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Liletta</em></td>
<td>$0</td>
<td>$25</td>
<td>$50</td>
<td>$75</td>
<td>$100</td>
</tr>
<tr>
<td><em>Mirena</em></td>
<td>$0</td>
<td>$50</td>
<td>$100</td>
<td>$200</td>
<td>$250</td>
</tr>
<tr>
<td><em>Paraguard</em></td>
<td>$0</td>
<td>$75</td>
<td>$150</td>
<td>$250</td>
<td>$300</td>
</tr>
<tr>
<td><em>Oral Contraceptives</em></td>
<td>$0</td>
<td>$5</td>
<td>$10</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>Depo Provera</td>
<td>$0</td>
<td>$10</td>
<td>$20</td>
<td>$30</td>
<td>$35</td>
</tr>
<tr>
<td>Rings (3-pack)</td>
<td>$0</td>
<td>$5</td>
<td>$10</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Patch (3-pack)</td>
<td>$0</td>
<td>$25</td>
<td>$50</td>
<td>$75</td>
<td>$115</td>
</tr>
<tr>
<td>Nexplanon</td>
<td>$0</td>
<td>$150</td>
<td>$300</td>
<td>$400</td>
<td>$600</td>
</tr>
<tr>
<td>Plan B</td>
<td>$0</td>
<td>$5</td>
<td>$20</td>
<td>$35</td>
<td>$50</td>
</tr>
<tr>
<td>Pregnancy Test</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$1</td>
</tr>
</tbody>
</table>

## Title X Visit

<table>
<thead>
<tr>
<th># of Family Members</th>
<th>0 - 100% of Federal Poverty Level (FPL)</th>
<th>101 - 140% of Federal Poverty Level (FPL)</th>
<th>141 - 180% of Federal Poverty Level (FPL)</th>
<th>181 - 250% of Federal Poverty Level (FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add for Each Additional Person</td>
<td>$5,140</td>
<td>$7,196</td>
<td>$9,252</td>
<td>$12,850</td>
</tr>
<tr>
<td>Patient Payment</td>
<td>$0</td>
<td>$60</td>
<td>$110</td>
<td>$160</td>
</tr>
<tr>
<td># of Family Members</td>
<td>If income is at or above:</td>
<td>If income is between: 0 - 100% of Federal Poverty Level (FPL)</td>
<td>If income is between: 101 - 140% of Federal Poverty Level (FPL)</td>
<td>If income is between: 141 - 180% of Federal Poverty Level (FPL)</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>$15,060</td>
<td>$21,080</td>
<td>$27,108</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$20,200</td>
<td>$28,280</td>
<td>$36,360</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$25,340</td>
<td>$35,476</td>
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</tr>
<tr>
<td>4</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
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<tr>
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<tr>
<td><strong>Add for Each Additional Person</strong></td>
<td>$5,140</td>
<td>$7,196</td>
<td>$9,252</td>
<td>$10,280</td>
</tr>
</tbody>
</table>

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