



Dental Sliding Fee Schedule
Effective February 1, 2018

If you do not have insurance and you wish to apply for a discount, please ask a Customer Associate for an application.

% of Federal Poverty Level	FEE	Income	Family Size									
			1	2	3	4	5	6	7	8	9	10
100% & Below	\$30	≤	12,140	16,460	20,780	25,100	29,420	33,740	38,060	42,380	46,700	51,020
		>	12,140	16,460	20,780	25,100	29,420	33,740	38,060	42,380	46,700	51,020
101%-125%	\$35	≤	15,175	20,575	25,975	31,375	36,775	42,175	47,575	52,975	58,375	63,775
		>	15,175	20,575	25,975	31,375	36,775	42,175	47,575	52,975	58,375	63,775
126%-150%	\$45	≤	18,210	24,690	31,170	37,650	44,130	50,610	57,090	63,570	70,050	76,530
		>	18,210	24,690	31,170	37,650	44,130	50,610	57,090	63,570	70,050	76,530
151%-175%	\$50	≤	21,245	28,805	36,365	43,925	51,485	59,045	66,605	74,165	81,725	89,285
		>	21,245	28,805	36,365	43,925	51,485	59,045	66,605	74,165	81,725	89,285
176%-200%	\$60	≤	24,280	32,920	41,560	50,200	58,840	67,480	76,120	84,760	93,400	102,040
		>	24,280	32,920	41,560	50,200	58,840	67,480	76,120	84,760	93,400	102,040
Over Income	Full Fee	>	24,280	32,920	41,560	50,200	58,840	67,480	76,120	84,760	93,400	102,040

For families with more than 10 members, add \$4,320 for each member.

Guidelines for the sliding fee scale are adjusted as published by the Federal Government.