

CHCCC Sliding Fees Scale 2019

Based on 2019 Federal Poverty Guidelines (1/11/19 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
	1	\$ 12,490	\$ 16,612	\$ 18,735	\$ 23,107	\$ 24,980
	2	\$ 16,910	\$ 22,490	\$ 25,365	\$ 31,284	\$ 33,820
	3	\$ 21,330	\$ 28,369	\$ 31,995	\$ 39,461	\$ 42,660
	4	\$ 25,750	\$ 34,248	\$ 38,625	\$ 47,638	\$ 51,500
	5	\$ 30,170	\$ 40,126	\$ 45,255	\$ 55,815	\$ 60,340
	6	\$ 34,590	\$ 46,005	\$ 51,885	\$ 63,992	\$ 69,180
	7	\$ 39,010	\$ 51,883	\$ 58,515	\$ 72,169	\$ 78,020
	8	\$ 43,430	\$ 57,762	\$ 65,145	\$ 80,346	\$ 86,860
	Each Add'l	\$ 4,420	\$ 5,879	\$ 6,630	\$ 8,177	\$ 8,840
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.