

SLIDING FEE DISCOUNT PROGRAM SUMMARY - Effective Starting Date of Service 4/1/2018

Patients must complete a "Statement of Income to Verify if You Are Eligible for Sliding Fee Discount" form and submit supporting documents to determine eligibility for participation in the program. Eligibility is re-certified every year. Participating members receive discounts on services, as summarized below.

<https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines>.

Each applicant household is assigned a category based on annual income and number of people.	Category	A		B		C		D		E		F		
	% Federal Poverty Limit (FPL)	100% and under		101-133%		134-167%		168-200%		201-250%		251-300%		
	Income Range for Each Category by Family Size													
	Family Size	From	To	From	To	From	To	From	To	From	To	From	To	
	1	\$0	\$12,140	\$12,141	\$16,146	\$16,147	\$20,274	\$20,275	\$24,280	\$24,281	\$30,350	\$30,351	\$36,420	
	2	\$0	\$16,460	\$16,461	\$21,892	\$21,893	\$27,488	\$27,489	\$32,920	\$32,921	\$41,150	\$41,151	\$49,380	
	3	\$0	\$20,780	\$20,781	\$27,637	\$27,638	\$34,703	\$34,704	\$41,560	\$41,561	\$51,950	\$51,951	\$62,340	
	4	\$0	\$25,100	\$25,101	\$33,383	\$33,384	\$41,917	\$41,918	\$50,200	\$50,201	\$62,750	\$62,751	\$75,300	
	5	\$0	\$29,420	\$29,421	\$39,129	\$39,130	\$49,131	\$49,132	\$58,840	\$58,841	\$73,550	\$73,551	\$88,260	
	6	\$0	\$33,740	\$33,741	\$44,874	\$44,875	\$56,346	\$56,347	\$67,480	\$67,481	\$84,350	\$84,351	\$101,220	
7	\$0	\$38,060	\$38,061	\$50,620	\$50,621	\$63,560	\$63,561	\$76,120	\$76,121	\$95,150	\$95,151	\$114,180		
8	\$0	\$42,380	\$42,381	\$56,365	\$56,366	\$70,775	\$70,776	\$84,760	\$84,761	\$105,950	\$105,951	\$127,140		
For each additional person:		add \$4,320		add 5,746		add \$7214		add \$8,640		add \$10800		add \$12,960		

MEDICAL

Policy Effective 5/1/2015

Category	A	B	C	D	E	F
Fee (per visit)	\$30	\$40	\$50	\$60	Full fee based on schedule of charges	



Exceptions: **Title X** (family planning) services are provided at no charge for patients with incomes 200% or below and at 10% discount for 201-250% FPL. **Ryan White** services are provided at no charge for patients at 300% or below FPL.

- * Tattoo removal is \$50, unless County determines patient is grant-eligible.
- * Per agreement with Alameda County Health Care Services, patients are not charged fees at the school-based health centers.
- * Specialty mental health based on county's patient fee schedule (UMDAP).
- * Enabling services (group therapy sessions, nutrition counseling, etc.) are 100% discounted for patients 200% and below.
- * Reference labs are charged at discounted Quest rate.
- * Incidental supplies (frames, dental devices, etc.) are charged per schedule of prices, which are set at less than prevailing rates.

PHARMACEUTICAL

Policy Effective 7/1/2017

Category	A		B		C		D		E	F
	Rx	OTC	Rx	OTC	Rx	OTC	Rx	OTC		
Dispensing Fee (per prescription)	\$5	\$2.50	\$14	\$7	\$16	\$8	\$18	\$9	\$20 / \$10	

* Two locations, San Antonio and Transit Village, have pharmacies; this applies at those locations only.

* Drug charged at cost, plus dispensing fee that slides as above. Over-the-counter dispensing half the price of prescriptions.

SLIDING FEE DISCOUNT PROGRAM

See
previous
page for
income
limits

Category	A	B	C	D	E	F
% Federal Poverty Limit (FPL)	100% and under	101-133%	134-167%	168-200%	201-250%	251-300%



Policy
Effective
6/1/2015

RADIOLOGY / X-RAY SERVICES

Category	A	B	C	D	E	F
Fee* (per visit)	\$20	\$30	\$40	\$50	Full fee based on schedule of charges	

* If full price of the X-ray or other service is less than the flat fee, patient will be charged the lower amount.



Policy
Effective
6/1/2015

OPTICAL

Category	A	B	C	D	E	F
Fee (per visit)*	\$40	\$50	\$60	\$70	Full fee based on schedule of charges	

* Fee covers services only (examination, in-office testing, fitting); it does not include the cost of lenses, frames, contacts or other items.



Policy
Effective
12/10/2015

DENTAL

Emergency, Prevention and Diagnostic Services

Acute emergency dental services include all necessary work including examinations, radiographs (X-rays) and appropriate anesthesia for management of the emergency, as determined by the dentist. Covered services: Basic emergency treatment (extraction, stabilization, abscess, temporary relief), post-surgical complications, denture adjustment/repair*, mouthguard (night or athletic)*

Prevention and diagnostic services intend to prevent the onset of dental disease and include: Periodic and comprehensive exams, basic X-rays, cleaning, topical fluoride, oral health education, tooth sealant, follow-up for gum disease (periodontal) therapy.

Category	A	B	C	D	E	F	
Fee (per visit)	\$40	\$50	\$60	\$70	Full fee based on schedule of charges		
Services not categorized as either acute emergency or prevention and diagnosis are discounted as follows:							
% Discount (per service/item)	70%	60%	50%	40%			

Exclusions: * Outside lab work (crowns, dentures, mouthguards, etc.) is charged at cost.