



2026 Medical and Behavioral Health Sliding Fee Discount Scale

Based on current Federal Poverty Guidelines (FPG)

(1) If there are this many people in the household	(2) and the combined household yearly income is:											
	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>
1	None	\$ 15,960	\$ 15,961	\$ 23,940	\$ 23,941	\$ 27,930	\$ 27,931	\$ 31,920	\$ 31,921	\$ 63,840	\$ 63,841	and above
2	None	\$ 21,640	\$ 21,641	\$ 32,460	\$ 32,461	\$ 37,870	\$ 37,871	\$ 43,280	\$ 43,281	\$ 86,560	\$ 86,561	and above
3	None	\$ 27,320	\$ 27,321	\$ 40,980	\$ 40,981	\$ 47,810	\$ 47,811	\$ 54,640	\$ 54,641	\$ 109,280	\$ 109,281	and above
4	None	\$ 33,000	\$ 33,001	\$ 49,500	\$ 49,501	\$ 57,750	\$ 57,751	\$ 66,000	\$ 66,001	\$ 132,000	\$ 132,001	and above
5	None	\$ 38,680	\$ 38,681	\$ 58,020	\$ 58,021	\$ 67,690	\$ 67,691	\$ 77,360	\$ 77,361	\$ 154,720	\$ 154,721	and above
6	None	\$ 44,360	\$ 44,361	\$ 66,540	\$ 66,541	\$ 77,630	\$ 77,631	\$ 88,720	\$ 88,721	\$ 177,440	\$ 177,441	and above
7	None	\$ 50,040	\$ 50,041	\$ 75,060	\$ 75,061	\$ 87,570	\$ 87,571	\$ 100,080	\$ 100,081	\$ 200,160	\$ 200,161	and above
8	None	\$ 55,720	\$ 55,721	\$ 83,580	\$ 83,581	\$ 97,510	\$ 97,511	\$ 111,440	\$ 111,441	\$ 222,880	\$ 222,881	and above
9	None	\$ 61,400	\$ 61,401	\$ 92,100	\$ 92,101	\$ 107,450	\$ 107,451	\$ 122,800	\$ 122,801	\$ 245,600	\$ 245,601	and above
10	None	\$ 67,080	\$ 67,081	\$ 100,620	\$ 100,621	\$ 117,390	\$ 117,391	\$ 134,160	\$ 134,161	\$ 268,320	\$ 268,321	and above
11	None	\$ 72,760	\$ 72,761	\$ 109,140	\$ 109,141	\$ 127,330	\$ 127,331	\$ 145,520	\$ 145,521	\$ 291,040	\$ 291,041	and above
12	None	\$ 78,440	\$ 78,441	\$ 117,660	\$ 117,661	\$ 137,270	\$ 137,271	\$ 156,880	\$ 156,881	\$ 313,760	\$ 313,761	and above
13	None	\$ 84,120	\$ 84,121	\$ 126,180	\$ 126,181	\$ 147,210	\$ 147,211	\$ 168,240	\$ 168,241	\$ 336,480	\$ 336,481	and above
14	None	\$ 89,800	\$ 89,801	\$ 134,700	\$ 134,701	\$ 157,150	\$ 157,151	\$ 179,600	\$ 179,601	\$ 359,200	\$ 359,201	and above
<i>each additional member add</i>		\$5,680		\$8,520		\$9,940		\$11,360		\$22,720		
(3) then the fee is:		\$0		\$20		\$35		\$45		Pharmacy Only		Full Fee
FPG %		<i>100% FPG and under</i> CLASS A		<i>101-150% FPG</i> CLASS B		<i>151-175% FPG</i> CLASS C		<i>176-200% FPG</i> CLASS D		<i>201-400%FPG</i> Pharmacy Only		<i>over 400%FPG</i> Over Income

2026 Sliding Fee Discount Fee Scale
Based on Federal Poverty Guidelines(FPG)
released January 15, 2026

As of 1/15/26



2026 Dental Sliding Fee Discount Scale

Based on current Federal Poverty Guidelines (FPG)

(1) If there are this many people in the household	(2) and the combined household yearly income is:									
	From	To	From	To	From	To	From	To	From	To
1	None	\$ 15,960	\$ 15,961	\$ 23,940	\$ 23,941	\$ 27,930	\$ 27,931	\$ 31,920	\$ 31,921	and above
2	None	\$ 21,640	\$ 21,641	\$ 32,460	\$ 32,461	\$ 37,870	\$ 37,871	\$ 43,280	\$ 43,281	and above
3	None	\$ 27,320	\$ 27,321	\$ 40,980	\$ 40,981	\$ 47,810	\$ 47,811	\$ 54,640	\$ 54,641	and above
4	None	\$ 33,000	\$ 33,001	\$ 49,500	\$ 49,501	\$ 57,750	\$ 57,751	\$ 66,000	\$ 66,001	and above
5	None	\$ 38,680	\$ 38,681	\$ 58,020	\$ 58,021	\$ 67,690	\$ 67,691	\$ 77,360	\$ 77,361	and above
6	None	\$ 44,360	\$ 44,361	\$ 66,540	\$ 66,541	\$ 77,630	\$ 77,631	\$ 88,720	\$ 88,721	and above
7	None	\$ 50,040	\$ 50,041	\$ 75,060	\$ 75,061	\$ 87,570	\$ 87,571	\$ 100,080	\$ 100,081	and above
8	None	\$ 55,720	\$ 55,721	\$ 83,580	\$ 83,581	\$ 97,510	\$ 97,511	\$ 111,440	\$ 111,441	and above
9	None	\$ 61,400	\$ 61,401	\$ 92,100	\$ 92,101	\$ 107,450	\$ 107,451	\$ 122,800	\$ 122,801	and above
10	None	\$ 67,080	\$ 67,081	\$ 100,620	\$ 100,621	\$ 117,390	\$ 117,391	\$ 134,160	\$ 134,161	and above
11	None	\$ 72,760	\$ 72,761	\$ 109,140	\$ 109,141	\$ 127,330	\$ 127,331	\$ 145,520	\$ 145,521	and above
12	None	\$ 78,440	\$ 78,441	\$ 117,660	\$ 117,661	\$ 137,270	\$ 137,271	\$ 156,880	\$ 156,881	and above
13	None	\$ 84,120	\$ 84,121	\$ 126,180	\$ 126,181	\$ 147,210	\$ 147,211	\$ 168,240	\$ 168,241	and above
14	None	\$ 89,800	\$ 89,801	\$ 134,700	\$ 134,701	\$ 157,150	\$ 157,151	\$ 179,600	\$ 179,601	and above
each additional member add		\$5,680		\$8,520		\$9,940		\$11,360		
(3) then the fee is:		\$35 per visit		\$50 per visit		60%		80%		Full fee
FPG %		100% FPG and under CLASS A		101-150% FPG CLASS B		151-175% FPG CLASS C		176-200% FPG CLASS D		201-400%FPG

Specialty slide					
Standard Visit Fees	\$35 per visit	\$50 per visit	60%	80%	Full fee
Additional Lab Fees Associated with Visit					
Occlusal Guard D9944	\$240	\$255	\$304	\$406	\$507
Crowns D2750/D2751/D2752 D2790/D2791/D2792	\$535	\$600	\$780	\$1,040	\$1,300
Porcelain Crown D2740	\$545	\$625	\$840	\$1,120	\$1,400
Specialty slide					

**State Medicaid rules will be followed for replacement of dentures, crowns, implants, etc.

***Dental services provided through a voucher program will be charged the flat fee listed without any supply charges added. Voucher services, in general, will be limited to the listed formulary and not exceed \$350/calendar year. Needed services above the \$350 threshold will be addressed by management on a case by case basis.



2026 Medica/Salud Conductual Programa de Escala de Descuento

Basado en las Guías Federales de Pobreza (FPG)

(1) Si hay esta cantidad de personas en el hogar	(2) y el ingreso anual combinado del hogar es:											
	De	A	De	A	De	A	De	A	De	A	De	A
1	Ninguno	\$ 15,960	\$ 15,961	\$ 23,940	\$ 23,941	\$ 27,930	\$ 27,931	\$ 31,920	\$ 31,921	\$ 63,840	\$ 63,841	y mas
2	Ninguno	\$ 21,640	\$ 21,641	\$ 32,460	\$ 32,461	\$ 37,870	\$ 37,871	\$ 43,280	\$ 43,281	\$ 86,560	\$ 86,561	y mas
3	Ninguno	\$ 27,320	\$ 27,321	\$ 40,980	\$ 40,981	\$ 47,810	\$ 47,811	\$ 54,640	\$ 54,641	\$ 109,280	\$ 109,281	y mas
4	Ninguno	\$ 33,000	\$ 33,001	\$ 49,500	\$ 49,501	\$ 57,750	\$ 57,751	\$ 66,000	\$ 66,001	\$ 132,000	\$ 132,001	y mas
5	Ninguno	\$ 38,680	\$ 38,681	\$ 58,020	\$ 58,021	\$ 67,690	\$ 67,691	\$ 77,360	\$ 77,361	\$ 154,720	\$ 154,721	y mas
6	Ninguno	\$ 44,360	\$ 44,361	\$ 66,540	\$ 66,541	\$ 77,630	\$ 77,631	\$ 88,720	\$ 88,721	\$ 177,440	\$ 177,441	y mas
7	Ninguno	\$ 50,040	\$ 50,041	\$ 75,060	\$ 75,061	\$ 87,570	\$ 87,571	\$ 100,080	\$ 100,081	\$ 200,160	\$ 200,161	y mas
8	Ninguno	\$ 55,720	\$ 55,721	\$ 83,580	\$ 83,581	\$ 97,510	\$ 97,511	\$ 111,440	\$ 111,441	\$ 222,880	\$ 222,881	y mas
9	Ninguno	\$ 61,400	\$ 61,401	\$ 92,100	\$ 92,101	\$ 107,450	\$ 107,451	\$ 122,800	\$ 122,801	\$ 245,600	\$ 245,601	y mas
10	Ninguno	\$ 67,080	\$ 67,081	\$ 100,620	\$ 100,621	\$ 117,390	\$ 117,391	\$ 134,160	\$ 134,161	\$ 268,320	\$ 268,321	y mas
11	Ninguno	\$ 72,760	\$ 72,761	\$ 109,140	\$ 109,141	\$ 127,330	\$ 127,331	\$ 145,520	\$ 145,521	\$ 291,040	\$ 291,041	y mas
12	Ninguno	\$ 78,440	\$ 78,441	\$ 117,660	\$ 117,661	\$ 137,270	\$ 137,271	\$ 156,880	\$ 156,881	\$ 313,760	\$ 313,761	y mas
13	Ninguno	\$ 84,120	\$ 84,121	\$ 126,180	\$ 126,181	\$ 147,210	\$ 147,211	\$ 168,240	\$ 168,241	\$ 336,480	\$ 336,481	y mas
14	Ninguno	\$ 89,800	\$ 89,801	\$ 134,700	\$ 134,701	\$ 157,150	\$ 157,151	\$ 179,600	\$ 179,601	\$ 359,200	\$ 359,201	y mas
Cada miembro adicional de la familia		\$5,680		\$8,520		\$9,940		\$11,360		\$22,720		
(3) entonces la tarifa es:		\$0		\$20		\$35		\$45		Solo farmacia		Tarifa completa
FPG %		100% FPG y debajo		101-150% FPG		151-175% FPG		176-200% FPG		201-400%FPG		over 400%FPG
		A Facturado		B Facturado		C Facturado		D Facturado		Solo farmacia		Excede el límite de ingresos

2026 Programa de Escala de Descuento
Basado en las Guías Federales de Pobreza (FPG)
publicadas el 15 de enero de 2026

a fecha del 1/15/26



2026 Programa Dental de Escala de Descuento

Basado en las Guías Federales de Pobreza (FPG)

(1) Si hay esta cantidad de personas en el hogar	(2) y el ingreso anual combinado del hogar es:									
	De	A	De	A	De	A	De	A	De	A
1	Ningun	\$ 15,960	\$ 15,961	\$ 23,940	\$ 23,941	\$ 27,930	\$ 27,931	\$ 31,920	\$ 31,921	y mas
2	Ningun	\$ 21,640	\$ 21,641	\$ 32,460	\$ 32,461	\$ 37,870	\$ 37,871	\$ 43,280	\$ 43,281	y mas
3	Ningun	\$ 27,320	\$ 27,321	\$ 40,980	\$ 40,981	\$ 47,810	\$ 47,811	\$ 54,640	\$ 54,641	y mas
4	Ningun	\$ 33,000	\$ 33,001	\$ 49,500	\$ 49,501	\$ 57,750	\$ 57,751	\$ 66,000	\$ 66,001	y mas
5	Ningun	\$ 38,680	\$ 38,681	\$ 58,020	\$ 58,021	\$ 67,690	\$ 67,691	\$ 77,360	\$ 77,361	y mas
6	Ningun	\$ 44,360	\$ 44,361	\$ 66,540	\$ 66,541	\$ 77,630	\$ 77,631	\$ 88,720	\$ 88,721	y mas
7	Ningun	\$ 50,040	\$ 50,041	\$ 75,060	\$ 75,061	\$ 87,570	\$ 87,571	\$ 100,080	\$ 100,081	y mas
8	Ningun	\$ 55,720	\$ 55,721	\$ 83,580	\$ 83,581	\$ 97,510	\$ 97,511	\$ 111,440	\$ 111,441	y mas
9	Ningun	\$ 61,400	\$ 61,401	\$ 92,100	\$ 92,101	\$ 107,450	\$ 107,451	\$ 122,800	\$ 122,801	y mas
10	Ningun	\$ 67,080	\$ 67,081	\$ 100,620	\$ 100,621	\$ 117,390	\$ 117,391	\$ 134,160	\$ 134,161	y mas
11	Ningun	\$ 72,760	\$ 72,761	\$ 109,140	\$ 109,141	\$ 127,330	\$ 127,331	\$ 145,520	\$ 145,521	y mas
12	Ningun	\$ 78,440	\$ 78,441	\$ 117,660	\$ 117,661	\$ 137,270	\$ 137,271	\$ 156,880	\$ 156,881	y mas
13	Ningun	\$ 84,120	\$ 84,121	\$ 126,180	\$ 126,181	\$ 147,210	\$ 147,211	\$ 168,240	\$ 168,241	y mas
14	Ningun	\$ 89,800	\$ 89,801	\$ 134,700	\$ 134,701	\$ 157,150	\$ 157,151	\$ 179,600	\$ 179,601	y mas
Cada miembro adicional de la familia		\$5,680	\$8,520	\$9,940	\$11,360					
(3) entonces la tarifa es:		\$35 por visita	\$50 por visita	60%	80%	Tarifa completa				
FPG %		100% FPG y debajo A	101-150% FPG B Facturado	151-175% FPG C Facturado	176-200% FPG D Facturado	201-400% FPG				

Servicios de Especialidades					
Tarifas estandar por visita	\$35 por visita	\$50 por visita	60%	80%	Tarifa completa
Cargos adicionales de laboratorio asociados con la visita					
Guarda oclusal D9944	\$240	\$255	\$304	\$406	\$507
Coronas D2750/D2751/D2752 D2790/D2791/D2792	\$535	\$600	\$780	\$1,040	\$1,300
Corona de porcelana D2740	\$545	\$625	\$840	\$1,120	\$1,400
Servicios de Especialidades					

***Se seguirán las normas del Medicaid estatal para la reposición de dentaduras, coronas, implantes, etc.

***Los servicios dentales proporcionados a través de un programa de vales se cobrarán con la tarifa fija indicada, sin cargos adicionales por suministros. En general, los servicios cubiertos por vales estarán limitados al formulario listado y no excederán los \$350 por año calendario. Los servicios necesarios que superen el límite de \$350 serán evaluados por la administración caso por caso.

2026 Programa de Escala de Descuento
Basado en las Guías Federales de Pobreza (FPG)
publicadas el 15 de enero de 2026

a fecha del 5/1/26