

Sliding Fee Scale

2019

Effective: _____ Board Approved _____

Effective: 3/1/19

| Poverty Service Tier Persons in family/household | A | B | C | D | E | f - No Discount Full Charges | |
|--|---------------|--------------------|---------------------|---------------------|---------------------|---------------------------------|-----|
| | <= 100% FPL | >100%-125% FPL | >125%-150% FPL | >150%-175% FPL | >175%-200% FPL | >200% FPL | FPL |
| 1 | \$ - \$12,490 | \$12,491 \$ 15,613 | \$ 15,614 \$ 18,735 | \$ 18,736 \$ 21,858 | \$ 21,859 \$ 24,980 | \$ 24,981 | + |
| 2 | \$ - \$16,910 | \$16,911 \$ 21,138 | \$ 21,139 \$ 25,365 | \$ 25,366 \$ 29,593 | \$ 29,594 \$ 33,820 | \$ 33,821 | + |
| 3 | \$ - \$21,330 | \$21,331 \$ 26,663 | \$ 26,664 \$ 31,995 | \$ 31,996 \$ 37,328 | \$ 37,329 \$ 42,660 | \$ 42,661 | + |
| 4 | \$ - \$25,750 | \$25,751 \$ 32,188 | \$ 32,189 \$ 38,625 | \$ 38,626 \$ 45,063 | \$ 45,064 \$ 51,500 | \$ 51,501 | + |
| 5 | \$ - \$30,170 | \$30,171 \$ 37,713 | \$ 37,714 \$ 45,255 | \$ 45,256 \$ 52,798 | \$ 52,799 \$ 60,340 | \$ 60,341 | + |
| 6 | \$ - \$34,590 | \$34,591 \$ 43,238 | \$ 43,239 \$ 51,885 | \$ 51,886 \$ 60,533 | \$ 60,534 \$ 69,180 | \$ 69,181 | + |
| 7 | \$ - \$39,010 | \$39,011 \$ 48,763 | \$ 48,764 \$ 58,515 | \$ 58,516 \$ 68,268 | \$ 68,269 \$ 78,020 | \$ 78,021 | + |
| 8* | \$ - \$43,430 | \$43,431 \$ 54,288 | \$ 54,289 \$ 65,145 | \$ 65,146 \$ 76,003 | \$ 76,004 \$ 86,860 | \$ 86,861 | + |

| Fee Schedule | Nominal & Flat Fee | | | | | Fee Schedule | |
|--|---|----------------------------|----------------------------|----------------------------|----------------------------|--------------|-----------------|
| | | | | | | | |
| Medical/Psychiatry & Prenatal Visit (Includes: In-House & sent out Lab's, Diagnostic Radiology). (Excludes: Pharmacy** and Screening Mammograms sent out-see below) | \$ 20.00 | \$ 30.00 | \$ 40.00 | \$ 50.00 | \$ 70.00 | 100% | Charges |
| Behavioral Health (Mental & Substance Use Disorder***) (Excludes Pharmacy **) | \$ - | \$ 5.00 | \$ 10.00 | \$ 20.00 | \$ 30.00 | 100% | Charges |
| Preventative Dental**** (Excludes Pharmacy **) | \$ 20.00 | \$ 30.00 | \$ 40.00 | \$ 50.00 | \$ 60.00 | 100% | Charges |
| Additional Dental***** (Includes include any diagnostic x-rays or imaging) (Excludes: send out dental lab, e.g., crowns, bridges, implants, dentures and Pharmacy**, etc.) | \$ 50.00 | \$ 65.00 | \$ 80.00 | \$ 95.00 | \$ 110.00 | 100% | Charges |
| Nutrition/Health Education (individual or group)/ Optometry ***** | \$ - | \$ - | \$ - | \$ - | \$ - | 100% | Charges |
| Labor and Delivery (Excludes Pharmacy**) | \$ 700.00 | \$ 800.00 | \$ 900.00 | \$ 1,000.00 | \$ 1,100.00 | 100% | Charges |
| Screenings: send out Mammograms ***** | \$ 10.00 | \$ 25.00 | \$ 40.00 | \$ 55.00 | \$ 70.00 | 100% | Charges (\$100) |
| Pharmacy (AAC- Actual Acquisition Cost for drugs /NEVHC dispensing fee =\$14) (Does not apply to OTC medications-see CHS 12.00006) | AAC + 10% + dispensing fee or \$20 flat fee (whichever is less) | AAC + 20% + Dispensing Fee | AAC + 30% + Dispensing Fee | AAC + 40% + Dispensing Fee | AAC + 50% + Dispensing Fee | 100% | Charges |
| | Nominal Fee=Flat | Flat | Flat | Flat | Flat | Fee Schedule | |

* For families/households with more than 8 persons, add \$4,420 for each additional person.
 ** Excludes Pharmacy
 *** Includes one to one or group counseling by mental health professional or psychiatrist. For substance use services, fees are waived for non-billable visits with SUD counselor or nurse case manager.
 **** Preventative Dental *****Additional Dental Services
 ***** For a screening mammogram the patient must pay the fee upfront before the referral is made to the off-site breast center, however, no patient is denied service due to inability to pay. No fees are to be paid to the breast center by the patient per contractual arrangements w/NEVHC. The Center collects the amount from patient and then makes referral, no patient is denied services.
 ***** Optometry is for diagnostic diabetic retinal exams only

| | | | |
|--|-----------|---|----------|
| Emergency Services (e.g. Diagnosis and Treatment of acute pain, infection, or swelling). | Level I | Advanced Dental Services (e.g. Root canals, crowns, partial dentures, full dentures and bridges). | Level IV |
| Primary Prevention (e.g. Education, cleaning, fluoride, examination and sealants). | Level II | | |
| Basic Dental Services (e.g. Fillings, simple extractions). | Level III | | |

Sliding fee Excludes: INS/DMV services. Patient is notified of any non covered charges before the services are provided and asked to sign an ABN or Treatment plan form for any extra non covered items.
 Based on FPG published Jan 11,2019

Will be updated with the 2020 FPG as soon as they are available.
 If necessary see Minor Consent Service of the policy for services covered by Title 22 Section 51473.2 of State code.