

(2026) EXHIBIT C: NEVHC SLIDING FEE							
Poverty Service Tier	A	B	C	D	E	F- No Discount Full Charges	
Federal Poverty Level (FPL)	<= 100%	>100% - 125%	>125% - 150%	>150%- 175%	>175%- 200%	>200%	
	Nominal & Flat Fee					Fee Schedule	
Medical (inc. Telehealth) Psychiatry (NP/PA/MD), Podiatry & Prenatal Visit (Excludes: Lab, Radiology, DME, Pharmacy① and Screening Mammograms sent out-see below)	\$20	\$30	\$40	\$50	\$70	100%	Charges
MNT with RDN, Behavioral Health Therapy w/licensed therapist②))	\$0	\$5	\$10	\$20	\$30	100%	Charges
Optometry-Retinal Screening Exams only⑥	\$0	\$0	\$0	\$0	\$0	100%	Charges
Preventative Dental ③ (Excludes Pharmacy①)	\$20	\$30	\$40	\$50	\$60	100%	Charges
Additional Dental ④ (Includes any diagnostic x-rays or imaging) (Excludes: send out dental lab, e.g., crowns, partials, full dentures and Pharmacy ①, etc.)	\$50	\$65	\$80	\$95	\$110	100%	Charges
Ind or Group Gen Nutrition/Health Education/Prev Behavioral Health Ed; Sub Use counseling w/SUD counselor; Clinical Pharm	\$0	\$0	\$0	\$0	\$0	100%	Charges
Medical Lab Fees--send out	\$0	\$10	\$20	\$30	\$40	100%	Charges
Basic X-ray (excludes advanced imaging & mammography)	\$0	\$10	\$20	\$30	\$40	100%	Charges
Specialty Labs-send out (ex: OB genetic testing)	\$0	\$50	\$100	\$150	\$200	100%	Charges
Labor and Delivery (Excludes Pharmacy ①)	\$700	\$800	\$900	\$1,000	\$1,100	100%	Charges
Mammograms ⑤)/Prenatal Ultrasound (on site)	\$10	\$25	\$40	\$55	\$90	100%	Charges (\$110)
Tier 1-Durable Medical Equipment-Basic formulary	\$0	\$0	\$0	\$0	\$0	100% charges inc s/h/tax	
Tier 2-Specialty DME (discount applied excluding s/h/tax)	75% off	60% off	45% off	30% off	20% off	100% charges inc s/h/tax	
Pharmacy (AAC- Actual Acquisition Cost for drugs (Does not apply to OTC medications-see CHS 12-00006) PLUS Dispensing Fee (DF)	AAC + \$7 DF	AAC + \$9 DF	AAC +\$11 DF	AAC + \$13 DF	AAC + \$14 DF	Full Fee +\$15 DF	
① Excludes Pharmacy							
② Includes individual therapy with mental health professional (non MD). MNT is individual medical nutrition therapy with a Registered Dietitian.							
③ Preventative Dental							
④ Additional Dental Services							
⑤ For a screening mammogram the pt must pay the fee upfront before the referral is made to the off- site breast center, however, no pt 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.							
⑥ Optometry is for diagnostic diabetic retinal exams only							

Dental: 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
Dental: Primary Prevention (e.g. Education, cleaning, fluoride, exam and sealants).	Level II		
Basic Dental Services (e.g. Fillings, simple extractions)	Level III		