

## La Clinica de Familia Discount Plan

La Clinica de Familia offers a discount plan for services. It is based on annual income and family size. Please see the tables below to see if you qualify for a discount and the amount of the discounted co-pay. No one will be denied services based solely on the inability to pay. If you need help please speak with a receptionist.

La Clinica de Familia tiene planes de descuento para obtener servicios. El descuento esta basado en el ingreso anual, y el numero de su familia. Por favor vea las tablas para ver si califica para descuento y cuanto seria su co-pago. Nadie sera negado servicios en nuesta clinica por no poder pagar. Para mas informacion, por favor de preguntar con las recepcionistas.

| SLIDING FEE TYPE BASED ON FAMILY INCOME (\$) |                 |                      |                      |                      |                       |             |
|--|-----------------|----------------------|----------------------|----------------------|-----------------------|-------------|
| Household Size                               | Slide A         | Slide B              | Slide C              | Slide D              | Slide E               | Slide F     |
| 1  | \$0 to \$15,650 | \$15,651 to \$19,563 | \$19,564 to \$23,475 | \$23,476 to \$27,388 | \$27,389 to \$31,300  | \$31,301+   |
| 2  | \$0 to \$21,150 | \$21,151 to \$26,438 | \$26,439 to \$31,725 | \$31,726 to \$37,013 | \$37,014 to \$42,300  | \$42,301 +  |
| 3  | \$0 to \$26,650 | \$26,651 to \$33,313 | \$33,314 to \$39,975 | \$39,976 to \$46,638 | \$46,638 to \$53,300  | \$53,301 +  |
| 4  | \$0 to \$32,150 | \$32,151 to \$40,188 | \$40,189 to \$48,225 | \$48,226 to \$56,263 | \$56,264 to \$64,300  | \$64,301 +  |
| 5  | \$0 to \$37,650 | \$37,651 to \$47,063 | \$47,064 to \$56,475 | \$56,476 to \$65,888 | \$65,889 to \$75,300  | \$75,301 +  |
| 6  | \$0 to \$43,150 | \$43,151 to \$53,938 | \$53,939 to \$64,725 | \$64,726 to \$75,513 | \$75,514 to \$86,300  | \$86,301+   |
| 7  | \$0 to \$48,650 | \$48,651 to \$60,813 | \$60,814 to \$72,975 | \$72,976 to \$85,138 | \$85,139 to \$97,300  | \$97,301 +  |
| 8  | \$0 to \$54,150 | \$54,151 to \$67,688 | \$67,689 to \$81,225 | \$81,226 to \$94,763 | \$94,764 to \$108,300 | \$108,301 + |

\*The sliding fees schedule is calculated as follows: Base rate \$15,650 with increments of \$5,500

\*\*Every year, the federal government establishes poverty guidelines to determine who is financially eligible for particular programs. These figures are updated annually and posted at the U.S. Department of Health and Human Services website.

- A - Family income of 0% - 100% of Federal Poverty Guideline
- B - Family income of 101% - 125% of Federal Poverty Guideline
- C - Family income of 126% - 150% of Federal Poverty Guideline
- D - Family income of 151% - 175% of Federal Poverty Guideline
- E - Family income of 176% - 200% of Federal Poverty Guideline
- F - Family income of 201% and above of Federal Poverty Guideline

| La Clinica de Familia Sliding Fee Schedule |             |               |           |                       |                           |                            |                   |
|--|-------------|---------------|-----------|-----------------------|---------------------------|----------------------------|-------------------|
| SLIDE LEVELS                               | POVERTY%    | MEDICAL COPAY | LAB COPAY | BEHAVIOR HEALTH COPAY | DENTAL PREVENTATIVE COPAY | DENTAL RESTORATIVE COPAY * | PRENATAL CONTRACT |
| A  | 0-100%      | \$25          | \$25      | \$5                   | \$25.00                   | \$50.00                    | \$400             |
| B  | 101-125%    | \$30          | \$30      | \$10                  | 40 %                      | 40 %                       | \$600             |
| C  | 126-150 %   | \$40          | \$35      | \$15                  | 50 %                      | 50 %                       | \$800             |
| D  | 151 -175 %  | \$50          | \$40      | \$20                  | 60 %                      | 60 %                       | \$1,000           |
| E  | 176-200 %   | \$60          | \$45      | \$25                  | 70%                       | 70 %                       | \$1,200           |
| F  | 200 %- OVER | FULL PAY      | FULL PAY  | FULL PAY              | FULL PAY                  | FULL PAY                   | FULL PAY          |

\* Plus cost of Dental Prosthetics