



# There is Help Available to Pay for your Health Care:

## The Community Health Net's Sliding Fee Discount Program

Family Size	Discount A \$25.00*		Discount B \$35.00		Discount C \$45.00		Discount D \$55.00		Full Fee 100%
	*nominal fee								
	From	To	From	To	From	To	From	To	
<b>1 Person</b>									
Annually	\$0	\$13,590.00	\$13,591.00	\$18,210.60	\$18,210.61	\$22,695.30	\$22,695.31	\$27,180.00	\$27,181.00
Weekly	\$0	\$261	\$262	\$350	\$351	\$436	\$437	\$523	\$524
<b>2 Person</b>									
Annually	\$0	\$18,310.00	\$18,311.00	\$24,535.40	\$24,535.41	\$30,577.70	\$30,577.71	\$36,620.00	\$36,621.00
Weekly	\$0	\$352	\$353	\$472	\$473	\$588	\$589	\$704	\$705
<b>3 Person</b>									
Annually	\$0	\$23,030.00	\$23,031.00	\$30,860.20	\$30,860.21	\$38,460.10	\$38,460.11	\$46,060.00	\$46,061.00
Weekly	\$0	\$443	\$444	\$593	\$594	\$740	\$741	\$886	\$887
<b>4 Person</b>									
Annually	\$0	\$27,750.00	\$27,751.00	\$37,185.00	\$37,185.01	\$46,342.50	\$46,342.51	\$55,500.00	\$55,501.00
Weekly	\$0	\$534	\$535	\$715	\$716	\$891	\$892	\$1,067	\$1,068
<b>5 Person</b>									
Annually	\$0	\$32,470.00	\$32,471.00	\$43,509.80	\$43,509.81	\$54,224.90	\$54,224.91	\$64,940.00	\$64,941.00
Weekly	\$0	\$624	\$625	\$837	\$838	\$1,043	\$1,044	\$1,249	\$1,250
<b>6 Person</b>									
Annually	\$0	\$37,190.00	\$37,191.00	\$49,834.60	\$49,834.61	\$62,107.30	\$62,107.31	\$74,380.00	\$74,381.00
Weekly	\$0	\$715	\$716	\$958	\$959	\$1,194	\$1,195	\$1,430	\$1,431
<b>7 Person</b>									
Annually	\$0	\$41,910.00	\$41,911.00	\$56,159.40	\$56,159.41	\$69,989.70	\$69,989.71	\$83,820.00	\$83,821.00
Weekly	\$0	\$806	\$807	\$1,080	\$1,081	\$1,346	\$1,347	\$1,612	\$1,613
<b>8 Person</b>									
Annually	\$0	\$46,630.00	\$46,631.00	\$62,484.20	\$62,484.21	\$77,872.10	\$77,872.11	\$93,260.00	\$93,261.00
Weekly	\$0	\$897	\$898	\$1,202	\$1,203	\$1,498	\$1,499	\$1,793	\$1,794

### Community Health Net is a Federally Qualified Health Center (FQHC)

As a FQHC, we are able to offer a discount on services based on income and family size. We use the above table to determine your discount eligibility.

(This table can be located at <https://aspe.hhs.gov/poverty-guidelines>)

#### What services are included in the program?

- Primary care visits at Community Health Net
- Behavioral health visits at Community Health Net
- Eye clinic visits at Community Health Net
- Dental care visits at Community Health Net
- CHN Pharmacy (see Pharmacy for eligible items)

#### What kinds of services are NOT included in the program?

- Hospital Visits, Hospital Services, Nursing Homes
- Imaging facilities (x-rays, CT, MRI, etc.)
- Laboratories (ACL, etc.)
- Some dental procedures: partials, dentures, crowns, or items produced at an offsite lab

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to learn more!**

814-455-7222  
or  
814-454-4530 x225

#### Sliding Fee Discounts are determined by using:

- Federal Income Tax forms
- W-2's
- Consecutive Pay stubs
- Unemployment Benefits
- Social Security Benefits
- Self-declaration options are also available

**Recertification is required annually or when changes to family size or income occur.** Once you have been approved for the Sliding Fee Discount Program, you will remain active in the program for **one year**.