

There is Help Available to Pay for your Health Care: The Community Health Net's Sliding Fee Discount Program

Family Size	Slide A Fee \$25.00* *nominal fee		Slide B Fee \$35.00		Slide C Fee \$45.00		Slide D Fee \$55.00		Full Fee 100%
	From	To	From	To	From	To	From	To	
1 Person									
Annually	\$0	\$15,650.00	\$15,650.01	\$20,971.00	\$20,971.01	\$26,135.50	\$26,135.51	\$31,300.00	\$31,300.01
Weekly	\$0	\$301	\$301	\$403	\$404	\$503	\$504	\$602	\$603
2 Person									
Annually	\$0	\$21,150.00	\$21,150.01	\$28,341.00	\$28,341.01	\$35,320.50	\$35,320.51	\$42,300.00	\$42,301.00
Weekly	\$0	\$407	\$407	\$545	\$546	\$679	\$680	\$813	\$814
3 Person									
Annually	\$0	\$26,650.00	\$26,650.01	\$35,711.00	\$35,711.01	\$44,505.50	\$44,505.51	\$53,300.00	\$53,301.00
Weekly	\$0	\$513	\$513	\$687	\$688	\$856	\$857	\$1,025	\$1,026
4 Person									
Annually	\$0	\$32,150.00	\$32,150.01	\$43,081.00	\$43,081.01	\$53,690.50	\$53,690.51	\$64,300.00	\$64,301.00
Weekly	\$0	\$618	\$618	\$828	\$829	\$1,033	\$1,034	\$1,237	\$1,238
5 Person									
Annually	\$0	\$37,650.00	\$37,650.01	\$50,451.00	\$50,451.01	\$62,875.50	\$62,875.51	\$75,300.00	\$75,301.00
Weekly	\$0	\$724	\$724	\$970	\$971	\$1,209	\$1,210	\$1,448	\$1,449
6 Person									
Annually	\$0	\$43,150.00	\$43,150.01	\$57,821.00	\$57,821.01	\$72,060.50	\$72,060.51	\$86,300.00	\$86,301.00
Weekly	\$0	\$830	\$830	\$1,112	\$1,113	\$1,386	\$1,387	\$1,660	\$1,661
7 Person									
Annually	\$0	\$48,650.00	\$48,650.01	\$65,191.00	\$65,191.01	\$81,245.50	\$81,245.51	\$97,300.00	\$97,301.00
Weekly	\$0	\$936	\$936	\$1,254	\$1,255	\$1,562	\$1,563	\$1,871	\$1,872
8 Person									
Annually	\$0	\$54,150.00	\$54,150.01	\$72,561.00	\$72,561.01	\$90,430.50	\$90,430.51	\$108,300.00	\$108,301.00
Weekly	\$0	\$1,041	\$1,041	\$1,395	\$1,396	\$1,739	\$1,740	\$2,083	\$2,084

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



Sliding Fee Discounts are determined by using examples of the following:

- 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**.