

Holyoke Health Center, Inc.

**Sliding Discount Fee Schedule for Medical, Behavioral Health & Dental (Required)**

Poverty Level*	100%	101 %- 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
Family Size	\$20	20% pay or minimum \$21	40% pay or minimum \$22	60% pay or minimum \$23	80% pay or minimum \$24	Full Fee
1	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
3	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	

\* Based on 2023 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)

Nominal Fee \$20.00

\*\* For clients receiving Title X Family Planning services only, the minimum fee will be waived in accordance with our contract with Title X as discussed in the Sliding Fee Discount Policy.

Holyoke Health Center, Inc.

**Sliding Discount Fee Schedule for Dental (Restorative)**

Poverty Level*	100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
Family Size	\$100	50% pay or minimum \$101	65% pay or minimum \$102	80% pay or minimum \$103	95% pay or minimum \$104	Full Fee
1	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
3	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	

\* Based on 2023 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)

Nominal Fee is

**\$100.00**

Patients are required to pay the full cost of appliances while the

**\* Supply / lab costs incident to service for dentures, crowns, bridges, etc. - are billed to clients based on HHC actual cost**

Holyoke Health Center, Inc.

**Sliding Discount Fee Schedule for Dental - Ortho Ancillary**

Poverty Level*	100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
Family Size	\$100	50% pay or minimum \$101	65% pay or minimum \$102	80% pay or minimum \$103	95% pay or minimum \$104	Full Fee
1	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
3	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	

\* Based on 2023 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)

Nominal Fee is

**\$100.00**

Patients are required to pay the full cost of appliances while the

**\* Supply / lab costs incident to ortho service - are billed to clients based on HHC actual cost**

Holyoke Health Center, Inc.

**Sliding Discount Fee Schedule for Dental Ortho Treatment**

Poverty Level*	100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
Family Size	\$1,500	50% pay or minimum \$1,501	65% pay or minimum \$1,502	80% pay or minimum \$1,503	95% pay or minimum \$1,504	Full Fee
1	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
3	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	

\* Based on 2023 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)

Nominal Fee is

**\$1,500.00**

Patients are required to pay the full cost of appliances while the

**\* Supply / lab costs incident to ortho service - are billed to clients based on HHC actual cost**