

Start Date 07/01/2018

**Primary Care Services
Family Planning
Schedule of Discounts
School Based Health Center
2018-2019**

Percent of Poverty Level	Nominal Fee/ Flat Rate	Number of Dependents (for each additional dependent over 9, add \$4,320)								
		1	2	3	4	5	6	7	8	9
100%	\$0.00	\$0- \$12,140	\$0- \$16,460	\$0- \$20,780	\$0- \$25,100	\$0- \$29,420	\$0- \$33,740	\$0- \$38,060	\$0- \$42,380	\$0- \$46,700
150%	\$1.00	\$12,141 \$18,210	\$16,461 \$24,690	\$20,781 \$31,170	\$25,101 \$37,650	\$29,421 \$44,130	\$33,741 \$50,610	\$38,061 \$57,090	\$42,381 \$63,570	\$46,701 \$70,050
200%	\$2.00	\$18,211 \$24,280	\$24,691 \$32,920	\$31,171 \$41,560	\$37,651 \$50,200	\$44,131 \$58,840	\$50,611 \$67,480	\$57,091 \$76,120	\$63,571 \$84,760	\$70,051 \$93,400
250%	\$3.00	\$24,281 \$30,350	\$32,921 \$41,150	\$41,561 \$51,950	\$50,201 \$62,750	\$58,841 \$73,550	\$67,481 \$84,350	\$76,121 \$95,150	\$84,761 \$105,950	\$93,401 \$116,750
over 250% of poverty	Full Fee	\$30,351	\$41,151	\$51,951	\$62,751	\$73,551	\$84,351	\$95,151	\$105,951	\$116,751