

Primary Care Services Schedule of Discounts

Dental

2018-2019

Start Date 12/1/2018

Percent of Poverty Level	Preventive Dental	All other Dental	Number of Dependents (for each additional dependent over 9, add \$4,320)								
			1	2	3	4	5	6	7	8	9
100%	\$20.00	\$60.00	\$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
129%	\$25.00	\$75.00	\$12,141 \$15,661	\$16,461 \$21,233	\$20,781 \$26,806	\$25,101 \$32,379	\$29,421 \$37,952	\$33,741 \$43,525	\$38,061 \$49,097	\$42,381 \$54,670	\$46,701 \$60,243
179%	\$30.00	\$90.00	\$15,662 \$21,731	\$21,234 \$29,463	\$26,807 \$37,196	\$32,380 \$44,929	\$37,953 \$52,662	\$43,526 \$60,395	\$49,098 \$68,127	\$54,671 \$75,860	\$60,244 \$83,593
200%	\$35.00	\$105.00	\$21,732 \$24,280	\$29,464 \$32,920	\$37,197 \$41,560	\$44,930 \$50,200	\$52,663 \$58,840	\$60,396 \$67,480	\$68,128 \$76,120	\$75,861 \$84,760	\$83,594 \$93,400
over 200% of poverty	Full Fee	Full Fee	\$24,281	\$32,921	\$41,561	\$50,201	\$58,841	\$67,481	\$76,121	\$84,761	\$93,401

For patients receiving laboratory services, they will be charged the Lab fee plus Nominal or Flat Rate fee for each visit