

Discount Schedule Based on 2023 HHS Poverty Guidelines - Annual

| | B/H | | C/I | | D/J | | E/K | | No Discount |
|---------------------------------|--|-------------|--|-------------|--|-------------|--|--------------|---|
| | 0-100% FPL* | | 101-133% FPL* | | 134-166% FPL* | | 167-200% FPL* | | Over 200% FPL* |
| | Medical - \$35 office visit | | Medical - \$55 office visit | | Medical - \$80 office visit | | Medical - \$105 office visit | | No Discount |
| | Dental - \$35 routine visit | | Dental - 30% routine services | | Dental - 60% routine services | | Dental - 75% routine services | | No Discount |
| | Eye Care - \$35 office visit | | Eye Care - \$55 office visit | | Eye Care - \$80 office visit | | Eye Care - \$105 office visit | | No Discount |
| | SFHC Pharmacy - cost + \$6 fill fee | | SFHC Pharmacy - 125% cost + \$7 fill fee | | SFHC Pharmacy - 150% cost + \$8 fill fee | | SFHC Pharmacy - 175% cost + \$9 fill fee | | No Discount - Average Wholesale Price + \$15 fill fee |
| | Local Contract Pharmacies: \$2.50 refund/eligible Rx | | Local Contract Pharmacies: \$2.00 refund/eligible Rx | | Local Contract Pharmacies: \$1.50 refund/eligible Rx | | Local Contract Pharmacies: \$1.00 refund/eligible Rx | | No Refund |
| Family Size | From | To | From | To | From | To | From | To | Over |
| 1 | \$0.00 | \$14,580.00 | \$14,580.01 | \$19,537.20 | \$19,537.21 | \$24,348.60 | \$24,348.61 | \$29,160.00 | \$29,160.01 |
| 2 | \$0.00 | \$19,720.00 | \$19,720.01 | \$26,424.80 | \$26,424.81 | \$32,932.40 | \$32,932.41 | \$39,440.00 | \$39,440.01 |
| 3 | \$0.00 | \$24,860.00 | \$24,860.01 | \$33,312.40 | \$33,312.41 | \$41,516.20 | \$41,516.21 | \$49,720.00 | \$49,720.01 |
| 4 | \$0.00 | \$30,000.00 | \$30,000.01 | \$40,200.00 | \$40,200.01 | \$50,100.00 | \$50,100.01 | \$60,000.00 | \$60,000.01 |
| 5 | \$0.00 | \$35,140.00 | \$35,140.01 | \$47,087.60 | \$47,087.61 | \$58,683.80 | \$58,683.81 | \$70,280.00 | \$70,280.01 |
| 6 | \$0.00 | \$40,280.00 | \$40,280.01 | \$53,975.20 | \$53,975.21 | \$67,267.60 | \$67,267.61 | \$80,560.00 | \$80,560.01 |
| 7 | \$0.00 | \$45,420.00 | \$45,420.01 | \$60,862.80 | \$60,862.81 | \$75,851.40 | \$75,851.41 | \$90,840.00 | \$90,840.01 |
| 8 | \$0.00 | \$50,560.00 | \$50,560.01 | \$67,750.40 | \$67,750.41 | \$84,435.20 | \$84,435.21 | \$101,120.00 | \$101,120.01 |
| For each additional person, add | | \$5,140 | | | | | | | |

NOTE: THIS SCHEDULE IS BASED ON THE POVERTY GUIDELINES AS PUBLISHED AT:

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Approved On: _____
Date Effective: 1/23/2023

Ramona V.
Malone

Digitally signed by
Ramona V. Malone
Date: 2023.02.28
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Ramona Malone, President

 03/06/2023

Robert Kraft, MD - Chief Executive Officer

* FPL - Federal Poverty Guidelines

** Complete discount schedule available upon request