

Discount Schedule Based on 2025 HHS Poverty Guidelines - Annual

Family Size	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
	Behavioral Health/Chronic Care Mgt./Clinical Pharm./Diabetic Ed./ Nursing Visits - \$5 per visit		Behavioral Health/Chronic Care Mgt./Clinical Pharm./Diabetic Ed./ Nursing Visits - \$8 per visit		Behavioral Health/Chronic Care Mgt./Clinical Pharm./Diabetic Ed./ Nursing Visits - \$10 per visit		Behavioral Health/Chronic Care Mgt./Clinical Pharm./Diabetic Ed./ Nursing Visits - \$12 per visit		No Discount
	Dental Routine - \$35 per visit		Dental Routine- 30% of charges		Dental Routine- 60% of charges		Dental Routine- 75% of charges		No Discount
	Dental Specialty - \$35 per visit + average lab fees		Dental Specialty - 70% of charges		Dental Specialty - 72.5% of charges		Dental Specialty - 75% of charges		No Discount
	Eye Care - \$35 office visit		Eye Care - \$55 office visit		Eye Care - \$80 office visit		Eye Care - \$105 office visit		No Discount
	From	To	From	To	From	To	From	To	Over
1	\$0.00	\$15,650.00	\$15,650.01	\$20,971.00	\$20,971.01	\$26,135.50	\$26,135.51	\$31,300.00	\$31,300.01
2	\$0.00	\$21,150.00	\$21,150.01	\$28,341.00	\$28,341.01	\$35,320.50	\$35,320.51	\$42,300.00	\$42,300.01
3	\$0.00	\$26,650.00	\$26,650.01	\$35,711.00	\$35,711.01	\$44,505.50	\$44,505.51	\$53,300.00	\$53,300.01
4	\$0.00	\$32,150.00	\$32,150.01	\$43,081.00	\$43,081.01	\$53,690.50	\$53,690.51	\$64,300.00	\$64,300.01
5	\$0.00	\$37,650.00	\$37,650.01	\$50,451.00	\$50,451.01	\$62,875.50	\$62,875.51	\$75,300.00	\$75,300.01
6	\$0.00	\$43,150.00	\$43,150.01	\$57,821.00	\$57,821.01	\$72,060.50	\$72,060.51	\$86,300.00	\$86,300.01
7	\$0.00	\$48,650.00	\$48,650.01	\$65,191.00	\$65,191.01	\$81,245.50	\$81,245.51	\$97,300.00	\$97,300.01
8	\$0.00	\$54,150.00	\$54,150.01	\$72,561.00	\$72,561.01	\$90,430.50	\$90,430.51	\$108,300.00	\$108,300.01
For each additional person, add	\$5,500								

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

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

Approved On: 6/24/2025
Date Effective: 7/1/2025

Lucia J. Heston
Board Executive Signature & Title

Robert Kraft

Robert Kraft, MD - Chief Executive Officer

* FPL - Federal Poverty Guidelines
** Complete discount schedule available upon request