

Discount Schedule Based on 2026 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	
Family Size	From	To	From	To	From	To	From	To	Over
1	\$0.00	\$15,960.00	\$15,960.01	\$21,386.40	\$21,386.41	\$26,653.20	\$26,653.21	\$31,920.00	\$31,920.01
2	\$0.00	\$21,640.00	\$21,640.01	\$28,997.60	\$28,997.61	\$36,138.80	\$36,138.81	\$43,280.00	\$43,280.01
3	\$0.00	\$27,320.00	\$27,320.01	\$36,608.80	\$36,608.81	\$45,624.40	\$45,624.41	\$54,640.00	\$54,640.01
4	\$0.00	\$33,000.00	\$33,000.01	\$44,220.00	\$44,220.01	\$55,110.00	\$55,110.01	\$66,000.00	\$66,000.01
5	\$0.00	\$38,680.00	\$38,680.01	\$51,831.20	\$51,831.21	\$64,595.60	\$64,595.61	\$77,360.00	\$77,360.01
6	\$0.00	\$44,360.00	\$44,360.01	\$59,442.40	\$59,442.41	\$74,081.20	\$74,081.21	\$88,720.00	\$88,720.01
7	\$0.00	\$50,040.00	\$50,040.01	\$67,053.60	\$67,053.61	\$83,566.80	\$83,566.81	\$100,080.00	\$100,080.01
8	\$0.00	\$55,720.00	\$55,720.01	\$74,664.80	\$74,664.81	\$93,052.40	\$93,052.41	\$111,440.00	\$111,440.01
For each additional person, add	\$5,680								

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

Approved On: 1/27/2026
Date Effective: 1/15/2026

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


Tissa Salter, President 27 Jan 2026


Robert Kraft, MD - Chief Executive Officer 01/27/2026

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