

Western NC Community Health Services															
Table A: Sliding Fee Discount Schedule for Medical and Behavioral Health Services															
Board Approval Date February 14, 2019															
Effective Date March 1, 2019															
Annual Basis															
Number of Individuals on Tax Return	Income Levels	A			B			C			D			E	
	100%	Income ≤100%			Income 101% - 135%			Income 136% - 175%			Income 176% - 200%			Income >200%	
	of FPL	of FPL			of FPL			of FPL			of FPL			of FPL	
1	\$12,490	\$0	to	\$12,490	\$12,491	to	\$16,862	\$16,863	to	\$21,858	\$21,859	to	\$24,980	\$24,981	& Up
2	\$16,910	\$0	to	\$16,910	\$16,911	to	\$22,829	\$22,830	to	\$29,593	\$29,594	to	\$33,820	\$33,821	& Up
3	\$21,330	\$0	to	\$21,330	\$21,331	to	\$28,796	\$28,797	to	\$37,328	\$37,329	to	\$42,660	\$42,661	& Up
4	\$25,750	\$0	to	\$25,750	\$25,751	to	\$34,763	\$34,764	to	\$45,063	\$45,064	to	\$51,500	\$51,501	& Up
5	\$30,170	\$0	to	\$30,170	\$30,171	to	\$40,730	\$40,731	to	\$52,798	\$52,799	to	\$60,340	\$60,341	& Up
6	\$34,590	\$0	to	\$34,590	\$34,591	to	\$46,697	\$46,698	to	\$60,533	\$60,534	to	\$69,180	\$69,181	& Up
7	\$39,010	\$0	to	\$39,010	\$39,011	to	\$52,664	\$52,665	to	\$68,268	\$68,269	to	\$78,020	\$78,021	& Up
8	\$43,430	\$0	to	\$43,430	\$43,431	to	\$58,631	\$58,632	to	\$76,003	\$76,004	to	\$86,860	\$86,861	& Up
Fee (per visit)		\$0.00 (nominal fee)			\$3.00			\$5.00			\$10.00			Full*	
For families >8 members, add \$4,420/additional member															
FPL = Federal Poverty Level															
* Ryan White-funded services exempt															

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Table A: Sliding Fee Discount Schedule for Oral Health Services															
Board Approval Date February 14, 2019															
Effective Date March 1, 2019															
Annual Basis															
Number of Individuals on Tax Return	Income Levels	A			B			C			D			E	
	100%	Income ≤100%			Income 101% - 135%			Income 136% - 175%			Income 176% - 200%			Income >200%	
	of FPL	of FPL			of FPL			of FPL			of FPL			of FPL	
1	\$12,490	\$0	to	\$12,490	\$12,491	to	\$16,862	\$16,863	to	\$21,858	\$21,859	to	\$24,980	\$24,981	& Up
2	\$16,910	\$0	to	\$16,910	\$16,911	to	\$22,829	\$22,830	to	\$29,593	\$29,594	to	\$33,820	\$33,821	& Up
3	\$21,330	\$0	to	\$21,330	\$21,331	to	\$28,796	\$28,797	to	\$37,328	\$37,329	to	\$42,660	\$42,661	& Up
4	\$25,750	\$0	to	\$25,750	\$25,751	to	\$34,763	\$34,764	to	\$45,063	\$45,064	to	\$51,500	\$51,501	& Up
5	\$30,170	\$0	to	\$30,170	\$30,171	to	\$40,730	\$40,731	to	\$52,798	\$52,799	to	\$60,340	\$60,341	& Up
6	\$34,590	\$0	to	\$34,590	\$34,591	to	\$46,697	\$46,698	to	\$60,533	\$60,534	to	\$69,180	\$69,181	& Up
7	\$39,010	\$0	to	\$39,010	\$39,011	to	\$52,664	\$52,665	to	\$68,268	\$68,269	to	\$78,020	\$78,021	& Up
8	\$43,430	\$0	to	\$43,430	\$43,431	to	\$58,631	\$58,632	to	\$76,003	\$76,004	to	\$86,860	\$86,861	& Up
Fee (per Visit)		\$40.00 (nominal fee)			\$50.00			\$60.00			\$70.00			Full*	
For families >8 members, add \$4,420/additional member															
FPL = Federal Poverty Level															
* Ryan White-funded services exempt															