

Western NC Community Health Services																	
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% of FPL	Income ≤100% of FPL			Income 101% - 135% of FPL			Income 136% - 175% of FPL			Income 176% - 200% of FPL			Income >200% 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																	