



**COMMWELL HEALTH**  
**SLIDING FEE DISCOUNT SCALE**

Effective 02/01/24

|                                      | Eagle Care Tier A  | Eagle Care Tier B     | Eagle Care Tier C     | Eagle Care Tier D     | Eagle Care Tier E      | Eagle Care Tier F       |
|--------------------------------------|--------------------|-----------------------|-----------------------|-----------------------|------------------------|-------------------------|
| Household Size                       | Annual Income      | Annual Income         | Annual Income         | Annual Income         | Annual Income          | Annual Income           |
| 1                                    | \$0 - \$ 15,060    | \$ 15,061 - \$ 18,825 | \$ 18,826 - \$ 22,590 | \$ 22,591 - \$ 26,355 | \$ 26,356 - \$ 30,120  | \$ 30,121 - \$ 999,999  |
| 2                                    | \$0 - \$ 20,440    | \$ 20,441 - \$ 25,550 | \$ 25,551 - \$ 30,660 | \$ 30,661 - \$ 35,770 | \$ 35,771 - \$ 40,880  | \$ 40,881 - \$ 999,999  |
| 3                                    | \$0 - \$ 25,820    | \$ 25,821 - \$ 32,275 | \$ 32,276 - \$ 38,730 | \$ 38,731 - \$ 45,185 | \$ 45,186 - \$ 51,640  | \$ 51,641 - \$ 999,999  |
| 4                                    | \$0 - \$ 31,200    | \$ 31,201 - \$ 39,000 | \$ 39,001 - \$ 46,800 | \$ 46,801 - \$ 54,600 | \$ 54,601 - \$ 62,400  | \$ 62,401 - \$ 999,999  |
| 5                                    | \$0 - \$ 36,580    | \$ 36,581 - \$ 45,725 | \$ 45,726 - \$ 54,870 | \$ 54,871 - \$ 64,015 | \$ 64,016 - \$ 73,160  | \$ 73,161 - \$ 999,999  |
| 6                                    | \$0 - \$ 41,960    | \$ 41,961 - \$ 52,450 | \$ 52,451 - \$ 62,940 | \$ 62,941 - \$ 73,430 | \$ 73,431 - \$ 83,920  | \$ 83,921 - \$ 999,999  |
| 7                                    | \$0 - \$ 47,340    | \$ 47,341 - \$ 59,175 | \$ 59,176 - \$ 71,010 | \$ 71,011 - \$ 82,845 | \$ 82,846 - \$ 94,680  | \$ 94,681 - \$ 999,999  |
| 8                                    | \$0 - \$ 52,720    | \$ 52,721 - \$ 65,900 | \$ 65,901 - \$ 79,080 | \$ 79,081 - \$ 92,260 | \$ 92,261 - \$ 105,440 | \$ 105,441 - \$ 999,999 |
| <b>Medical Services</b>              | <b>Nominal Fee</b> | <b>Payment Amount</b> | <b>Payment Amount</b> | <b>Payment Amount</b> | <b>Payment Amount</b>  | <b>Payment Amount</b>   |
| Medical Services                     | \$45               | \$55                  | \$65                  | \$75                  | \$85                   | Full Pay*               |
| Labs & Immunizations                 | \$12               | \$14                  | \$16                  | \$18                  | \$20                   | Full Pay*               |
| X-Rays & Ultrasounds                 | \$17               | \$22                  | \$27                  | \$32                  | \$37                   | Full Pay*               |
| Contraceptive Devices - IUD/Implants | \$460              | \$465                 | \$470                 | \$475                 | \$480                  | Full Pay*               |
| <b>Behavioral Health Services</b>    | <b>Nominal Fee</b> | <b>Payment Amount</b> | <b>Payment Amount</b> | <b>Payment Amount</b> | <b>Payment Amount</b>  | <b>Payment Amount</b>   |
| Behavioral Health Services           | \$45               | \$55                  | \$65                  | \$75                  | \$85                   | Full Pay*               |
| Group Therapy                        | \$15               | \$25                  | \$35                  | \$45                  | \$55                   | Full Pay*               |
| <b>Dental Services</b>               | <b>Nominal Fee</b> | <b>% Payment</b>      | <b>% Payment</b>      | <b>% Payment</b>      | <b>% Payment</b>       | <b>Payment Amount</b>   |
| Dental Services-Preventative         | \$70               | 76% or \$71           | 80% or \$72           | 83% or \$73           | 85% or \$74            | Full Pay*               |
| Dental Services-Restorative          | \$110              | 57% or \$111          | 60% or \$112          | 70% or \$113          | 80% or \$114           | Full Pay*               |
| Endodontic Therapy                   | \$440              | 57% or \$441          | 60% or \$442          | 70% or \$443          | 80% or \$444           | Full Pay*               |
| Prosthodontics (lab fees additional) | \$275              | 57% or \$276          | 60% or \$277          | 70% or \$278          | 80% or \$279           | Full Pay*               |

Fees are due at the time of service and based on household size and income. For people without insurance or very high deductibles, charges are based on a sliding fee scale as noted above.

\* Payment plan options are available as needed. Please see the front desk staff for more information.

No Show Fees of \$25 may be assessed for missed appointments or appointments cancelled with less than 24 hour notice. Returned Check fees will be assessed at \$25.



## COMMWELL HEALTH PHARMACY SLIDING FEE DISCOUNT SCALE

Effective 02/01/24

| Slide Fee Discount Scale Level | A             |             | B             |             | C             |             | D             |             | E             |              | F             |              |
|--------------------------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|--------------|---------------|--------------|
| Household Size                 | Annual Income |             | Annual Income |             | Annual Income |             | Annual Income |             | Annual Income |              | Annual Income |              |
| 1                              | \$0           | - \$ 15,060 | \$ 15,061     | - \$ 18,825 | \$ 18,826     | - \$ 22,590 | \$ 22,591     | - \$ 26,355 | \$ 26,356     | - \$ 30,120  | \$ 30,121     | - \$ 999,999 |
| 2                              | \$0           | - \$ 20,440 | \$ 20,441     | - \$ 25,550 | \$ 25,551     | - \$ 30,660 | \$ 30,661     | - \$ 35,770 | \$ 35,771     | - \$ 40,880  | \$ 40,881     | - \$ 999,999 |
| 3                              | \$0           | - \$ 25,820 | \$ 25,821     | - \$ 32,275 | \$ 32,276     | - \$ 38,730 | \$ 38,731     | - \$ 45,185 | \$ 45,186     | - \$ 51,640  | \$ 51,641     | - \$ 999,999 |
| 4                              | \$0           | - \$ 31,200 | \$ 31,201     | - \$ 39,000 | \$ 39,001     | - \$ 46,800 | \$ 46,801     | - \$ 54,600 | \$ 54,601     | - \$ 62,400  | \$ 62,401     | - \$ 999,999 |
| 5                              | \$0           | - \$ 36,580 | \$ 36,581     | - \$ 45,725 | \$ 45,726     | - \$ 54,870 | \$ 54,871     | - \$ 64,015 | \$ 64,016     | - \$ 73,160  | \$ 73,161     | - \$ 999,999 |
| 6                              | \$0           | - \$ 41,960 | \$ 41,961     | - \$ 52,450 | \$ 52,451     | - \$ 62,940 | \$ 62,941     | - \$ 73,430 | \$ 73,431     | - \$ 83,920  | \$ 83,921     | - \$ 999,999 |
| 7                              | \$0           | - \$ 47,340 | \$ 47,341     | - \$ 59,175 | \$ 59,176     | - \$ 71,010 | \$ 71,011     | - \$ 82,845 | \$ 82,846     | - \$ 94,680  | \$ 94,681     | - \$ 999,999 |
| 8                              | \$0           | - \$ 52,720 | \$ 52,721     | - \$ 65,900 | \$ 65,901     | - \$ 79,080 | \$ 79,081     | - \$ 92,260 | \$ 92,261     | - \$ 105,440 | \$ 105,441    | - \$ 999,999 |

| Pharmacy - Prescription Medications |                |      |      |      |      |      |      |
|-------------------------------------|----------------|------|------|------|------|------|------|
| Tier 1                              | Nominal Charge | \$17 | \$18 | \$19 | \$20 | \$21 | \$22 |
| Tier 2                              | Nominal Charge | \$22 | \$23 | \$24 | \$25 | \$26 | \$27 |
| Tier 3                              | Nominal Charge | \$25 | \$26 | \$27 | \$28 | \$29 | \$30 |
| Tier 4                              | Nominal Charge | \$28 | \$29 | \$30 | \$31 | \$32 | \$33 |
| Tier 5                              | Nominal Charge | \$31 | \$32 | \$33 | \$34 | \$35 | \$36 |
| Tier 6                              | Nominal Charge | \$34 | \$35 | \$36 | \$37 | \$38 | \$39 |
| Tier 7                              | Nominal Charge | \$37 | \$38 | \$39 | \$40 | \$41 | \$42 |
| Tier 8                              | Nominal Charge | \$40 | \$41 | \$42 | \$43 | \$44 | \$45 |
| Tier 9                              | Nominal Charge | \$43 | \$44 | \$45 | \$46 | \$47 | \$48 |
| Tier 10                             | Nominal Charge | \$46 | \$47 | \$48 | \$49 | \$50 | \$51 |
| Tier 11                             | Nominal Charge | \$49 | \$50 | \$51 | \$52 | \$53 | \$54 |
| Tier 12                             | Nominal Charge | \$52 | \$53 | \$54 | \$55 | \$56 | \$57 |
| Tier 13                             | Nominal Charge | \$55 | \$56 | \$57 | \$58 | \$59 | \$60 |
| Tier 14                             | Nominal Charge | \$58 | \$59 | \$60 | \$61 | \$62 | \$63 |
| Tier 15                             | Nominal Charge | \$61 | \$62 | \$63 | \$64 | \$65 | \$66 |
| Tier 16                             | Nominal Charge | \$64 | \$65 | \$66 | \$67 | \$68 | \$69 |
| Tier 17                             | Nominal Charge | \$67 | \$68 | \$69 | \$70 | \$71 | \$72 |
| Tier 18                             | Nominal Charge | \$70 | \$71 | \$72 | \$73 | \$74 | \$75 |
| Tier 19                             | Nominal Charge | \$73 | \$74 | \$75 | \$76 | \$77 | \$78 |
| Tier 20                             | Nominal Charge | \$76 | \$77 | \$78 | \$79 | \$80 | \$81 |
| Tier 21                             | Nominal Charge | \$79 | \$80 | \$81 | \$82 | \$83 | \$84 |
| Tier 22                             | Nominal Charge | \$82 | \$83 | \$84 | \$85 | \$86 | \$87 |

\*For each additional person, add: \$5,140 to the total income allowable at Slide Fee A

To find out which level of discount you qualify for, look up your family household size in the left column. Follow the line to the right until you reach your total annual income. This will determine which slide fee discount you qualify for.



**COMMWELL HEALTH  
RYAN WHITE SLIDING FEE DISCOUNT SCALE**

Effective 02/01/24

| Slide Fee Discount Scale   | A                         | B                         | C                         | D                         | E                         | F                         | G                          |
|----------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|----------------------------|
| Household Size             | Annual Income             | Annual Income             | Annual Income             | Annual Income             | Annual Income             | Annual Income             | Annual Income              |
| 1                          | \$0 - \$ 15,060           | \$ 15,061 - \$ 18,825     | \$ 18,826 - \$ 22,590     | \$ 22,591 - \$ 26,355     | \$ 26,356 - \$ 30,120     | \$ 30,121 - \$ 45,180     | \$ 45,181 - \$ 999,999     |
| 2                          | \$0 - \$ 20,440           | \$ 20,441 - \$ 25,550     | \$ 25,551 - \$ 30,660     | \$ 30,661 - \$ 35,770     | \$ 35,771 - \$ 40,880     | \$ 40,881 - \$ 61,320     | \$ 61,321 - \$ 999,999     |
| 3                          | \$0 - \$ 25,820           | \$ 25,821 - \$ 32,275     | \$ 32,276 - \$ 38,730     | \$ 38,731 - \$ 45,185     | \$ 45,186 - \$ 51,640     | \$ 51,641 - \$ 77,460     | \$ 77,461 - \$ 999,999     |
| 4                          | \$0 - \$ 31,200           | \$ 31,201 - \$ 39,000     | \$ 39,001 - \$ 46,800     | \$ 46,801 - \$ 54,600     | \$ 54,601 - \$ 62,400     | \$ 62,401 - \$ 93,600     | \$ 93,601 - \$ 999,999     |
| 5                          | \$0 - \$ 36,580           | \$ 36,581 - \$ 45,725     | \$ 45,726 - \$ 54,870     | \$ 54,871 - \$ 64,015     | \$ 64,016 - \$ 73,160     | \$ 73,161 - \$ 109,740    | \$ 109,741 - \$ 999,999    |
| 6                          | \$0 - \$ 41,960           | \$ 41,961 - \$ 52,450     | \$ 52,451 - \$ 62,940     | \$ 62,941 - \$ 73,430     | \$ 73,431 - \$ 83,920     | \$ 83,921 - \$ 125,880    | \$ 125,881 - \$ 999,999    |
| 7                          | \$0 - \$ 47,340           | \$ 47,341 - \$ 59,175     | \$ 59,176 - \$ 71,010     | \$ 71,011 - \$ 82,845     | \$ 82,846 - \$ 94,680     | \$ 94,681 - \$ 142,020    | \$ 142,021 - \$ 999,999    |
| 8                          | \$0 - \$ 52,720           | \$ 52,721 - \$ 65,900     | \$ 65,901 - \$ 79,080     | \$ 79,081 - \$ 92,260     | \$ 92,261 - \$ 105,440    | \$ 105,441 - \$ 158,160   | \$ 158,161 - \$ 999,999    |
| <b>RYAN WHITE SERVICES</b> |                           |                           |                           |                           |                           |                           |                            |
| Poverty level              | 0% < 100%                 | 101% < 125%               | 126% < 150%               | 151% < 175%               | 176% < 200%               | 201% < 300%               | > 300%                     |
| Nominal Charge             | \$0                       | \$1                       | \$2                       | \$3                       | \$3                       | \$3                       | \$4                        |
| Maximum Annual Charges     | 0% of gross annual income | 5% of gross annual income | 5% of gross annual income | 5% of gross annual income | 5% of gross annual income | 7% of gross annual income | 10% of gross annual income |

\*For each additional person, add: \$5,140 to the total income allowable at Slide Fee A

To find out which level of discount you qualify for, look up your family household size in the left column. Follow the line to the right until you reach your total annual income. This will determine which slide fee discount you qualify for.