



**COMMWELL HEALTH  
SLIDING FEE DISCOUNT SCALE**

Effective 01/26/23

	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 - \$ 14,580	\$ 14,581 - \$ 18,225	\$ 18,226 - \$ 21,870	\$ 21,871 - \$ 25,515	\$ 25,516 - \$ 29,160	\$ 29,161 - \$ 999,999
2	\$0 - \$ 19,720	\$ 19,721 - \$ 24,650	\$ 24,651 - \$ 29,580	\$ 29,581 - \$ 34,510	\$ 34,511 - \$ 39,440	\$ 39,441 - \$ 999,999
3	\$0 - \$ 24,860	\$ 24,861 - \$ 31,075	\$ 31,076 - \$ 37,290	\$ 37,291 - \$ 43,505	\$ 43,506 - \$ 49,720	\$ 49,721 - \$ 999,999
4	\$0 - \$ 30,000	\$ 30,001 - \$ 37,500	\$ 37,501 - \$ 45,000	\$ 45,001 - \$ 52,500	\$ 52,501 - \$ 60,000	\$ 60,001 - \$ 999,999
5	\$0 - \$ 35,140	\$ 35,141 - \$ 43,925	\$ 43,926 - \$ 52,710	\$ 52,711 - \$ 61,495	\$ 61,496 - \$ 70,280	\$ 70,281 - \$ 999,999
6	\$0 - \$ 40,280	\$ 40,281 - \$ 50,350	\$ 50,351 - \$ 60,420	\$ 60,421 - \$ 70,490	\$ 70,491 - \$ 80,560	\$ 80,561 - \$ 999,999
7	\$0 - \$ 45,420	\$ 45,421 - \$ 56,775	\$ 56,776 - \$ 68,130	\$ 68,131 - \$ 79,485	\$ 79,486 - \$ 90,840	\$ 90,841 - \$ 999,999
8	\$0 - \$ 50,560	\$ 50,561 - \$ 63,200	\$ 63,201 - \$ 75,840	\$ 75,841 - \$ 88,480	\$ 88,481 - \$ 101,120	\$ 101,121 - \$ 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

### Escala de Descuento

Effectiva 01/26/23

Cantidad de personas en el hogar*	Eagle Care Nivel A Ingreso Anual	Eagle Care Nivel B Ingreso Anual	Eagle Care Nivel C Ingreso Anual	Eagle Care Nivel D Ingreso Anual	Eagle Care Nivel E Ingreso Anual	Eagle Care Nivel F Ingreso Anual
1	\$0 - \$ 14,580	\$ 14,581 - \$ 18,225	\$ 18,226 - \$ 21,870	\$ 21,871 - \$ 25,515	\$ 25,516 - \$ 29,160	\$ 29,161 - \$ 999,999
2	\$0 - \$ 19,720	\$ 19,721 - \$ 24,650	\$ 24,651 - \$ 29,580	\$ 29,581 - \$ 34,510	\$ 34,511 - \$ 39,440	\$ 39,441 - \$ 999,999
3	\$0 - \$ 24,860	\$ 24,861 - \$ 31,075	\$ 31,076 - \$ 37,290	\$ 37,291 - \$ 43,505	\$ 43,506 - \$ 49,720	\$ 49,721 - \$ 999,999
4	\$0 - \$ 30,000	\$ 30,001 - \$ 37,500	\$ 37,501 - \$ 45,000	\$ 45,001 - \$ 52,500	\$ 52,501 - \$ 60,000	\$ 60,001 - \$ 999,999
5	\$0 - \$ 35,140	\$ 35,141 - \$ 43,925	\$ 43,926 - \$ 52,710	\$ 52,711 - \$ 61,495	\$ 61,496 - \$ 70,280	\$ 70,281 - \$ 999,999
6	\$0 - \$ 40,280	\$ 40,281 - \$ 50,350	\$ 50,351 - \$ 60,420	\$ 60,421 - \$ 70,490	\$ 70,491 - \$ 80,560	\$ 80,561 - \$ 999,999
7	\$0 - \$ 45,420	\$ 45,421 - \$ 56,775	\$ 56,776 - \$ 68,130	\$ 68,131 - \$ 79,485	\$ 79,486 - \$ 90,840	\$ 90,841 - \$ 999,999
8	\$0 - \$ 50,560	\$ 50,561 - \$ 63,200	\$ 63,201 - \$ 75,840	\$ 75,841 - \$ 88,480	\$ 88,481 - \$ 101,120	\$ 101,121 - \$ 999,999
<b>Servicios Medico</b>	<b>Cuota Nominal</b>	<b>% Pago</b>	<b>% Pago</b>	<b>% Pago</b>	<b>% Pago</b>	<b>% Pago</b>
Servicios Medico	\$45	\$55	\$65	\$75	\$85	Pago Completo*
Laboratorios y vacunacion	\$12	\$14	\$16	\$18	\$20	Pago Completo*
Rayos X y ultrasonido	\$17	\$22	\$27	\$32	\$37	Pago Completo*
Dispositivos anticonceptivos- contraceptivos/dispositivo intrauterine	\$460	\$465	\$470	\$475	\$480	Pago Completo*
<b>Servicios de Salud Mental</b>	<b>Cuota Nominal</b>	<b>% Pago</b>	<b>% Pago</b>	<b>% Pago</b>	<b>% Pago</b>	<b>% Pago</b>
Servicios de Salud Mental	\$45	\$55	\$65	\$75	\$85	Pago Completo*
Terapia de grupo	\$15	\$25	\$35	\$45	\$55	Pago Completo*
<b>Servicios Dentales</b>	<b>Cuota Nominal</b>	<b>% Pago</b>	<b>% Pago</b>	<b>% Pago</b>	<b>% Pago</b>	<b>% Pago</b>
Servicios Dentales (Preventivo)	\$70	76% or \$71	80% or \$72	83% or \$73	85% or \$74	Pago Completo*
Servicios Dentales (Tratamiento)	\$110	57% or \$111	60% or \$112	70% or \$113	80% or \$114	Pago Completo*
Endodoncia	\$440	57% or \$441	60% or \$442	70% or \$443	80% or \$444	Pago Completo*
Prostodoncia	\$275	57% or \$276	60% or \$277	70% or \$278	80% or \$279	Pago Completo*

Las tarifas se deben al momento del servicio y se basan en el tamaño del hogar y los ingresos. Para las personas sin seguro o deducibles muy altos, los cargos se basan en una escala de tarifas variable como se indicó anteriormente.  
\* Las opciones del plan de pago están disponibles según sea necesario. Consulte al personal de recepción para obtener más información.

Las cuotas de no presentación de \$ 25 se pueden evaluar por citas perdidas o citas canceladas con menos de 24 horas de anticipación. Las tarifas de cheques devueltos se evaluarán en \$ 25.  
Los precios están sujetos a cambios sin previo aviso.



## COMMWELL HEALTH PHARMACY SLIDING FEE DISCOUNT SCALE

Effective 01/26/23

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	- \$ 14,580	\$ 14,581	- \$ 18,225	\$ 18,226	- \$ 21,870	\$ 21,871	- \$ 25,515	\$ 25,516	- \$ 29,160	\$ 29,161	- \$ 999,999
2	\$0	- \$ 19,720	\$ 19,721	- \$ 24,650	\$ 24,651	- \$ 29,580	\$ 29,581	- \$ 34,510	\$ 34,511	- \$ 39,440	\$ 39,441	- \$ 999,999
3	\$0	- \$ 24,860	\$ 24,861	- \$ 31,075	\$ 31,076	- \$ 37,290	\$ 37,291	- \$ 43,505	\$ 43,506	- \$ 49,720	\$ 49,721	- \$ 999,999
4	\$0	- \$ 30,000	\$ 30,001	- \$ 37,500	\$ 37,501	- \$ 45,000	\$ 45,001	- \$ 52,500	\$ 52,501	- \$ 60,000	\$ 60,001	- \$ 999,999
5	\$0	- \$ 35,140	\$ 35,141	- \$ 43,925	\$ 43,926	- \$ 52,710	\$ 52,711	- \$ 61,495	\$ 61,496	- \$ 70,280	\$ 70,281	- \$ 999,999
6	\$0	- \$ 40,280	\$ 40,281	- \$ 50,350	\$ 50,351	- \$ 60,420	\$ 60,421	- \$ 70,490	\$ 70,491	- \$ 80,560	\$ 80,561	- \$ 999,999
7	\$0	- \$ 45,420	\$ 45,421	- \$ 56,775	\$ 56,776	- \$ 68,130	\$ 68,131	- \$ 79,485	\$ 79,486	- \$ 90,840	\$ 90,841	- \$ 999,999
8	\$0	- \$ 50,560	\$ 50,561	- \$ 63,200	\$ 63,201	- \$ 75,840	\$ 75,841	- \$ 88,480	\$ 88,481	- \$ 101,120	\$ 101,121	- \$ 999,999

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

\*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.

**EagleCare****COMMWELL HEALTH  
SERVICIOS DE FARMACIA ESCALA DE TARIFA REDUCIDA**

Effective 01/26/23

Nivel de escala de Tarifa Reducida	A		B		C		D		E		F	
Cantidad de personas en el hogar	Ingreso Anual		Ingreso Anual		Ingreso Anual		Ingreso Anual		Ingreso Anual		Ingreso Anual	
1	\$0	- \$ 14,580	\$ 14,581	- \$ 18,225	\$ 18,226	- \$ 21,870	\$ 21,871	- \$ 25,515	\$ 25,516	- \$ 29,160	\$ 29,161	- \$ 999,999
2	\$0	- \$ 19,720	\$ 19,721	- \$ 24,650	\$ 24,651	- \$ 29,580	\$ 29,581	- \$ 34,510	\$ 34,511	- \$ 39,440	\$ 39,441	- \$ 999,999
3	\$0	- \$ 24,860	\$ 24,861	- \$ 31,075	\$ 31,076	- \$ 37,290	\$ 37,291	- \$ 43,505	\$ 43,506	- \$ 49,720	\$ 49,721	- \$ 999,999
4	\$0	- \$ 30,000	\$ 30,001	- \$ 37,500	\$ 37,501	- \$ 45,000	\$ 45,001	- \$ 52,500	\$ 52,501	- \$ 60,000	\$ 60,001	- \$ 999,999
5	\$0	- \$ 35,140	\$ 35,141	- \$ 43,925	\$ 43,926	- \$ 52,710	\$ 52,711	- \$ 61,495	\$ 61,496	- \$ 70,280	\$ 70,281	- \$ 999,999
6	\$0	- \$ 40,280	\$ 40,281	- \$ 50,350	\$ 50,351	- \$ 60,420	\$ 60,421	- \$ 70,490	\$ 70,491	- \$ 80,560	\$ 80,561	- \$ 999,999
7	\$0	- \$ 45,420	\$ 45,421	- \$ 56,775	\$ 56,776	- \$ 68,130	\$ 68,131	- \$ 79,485	\$ 79,486	- \$ 90,840	\$ 90,841	- \$ 999,999
8	\$0	- \$ 50,560	\$ 50,561	- \$ 63,200	\$ 63,201	- \$ 75,840	\$ 75,841	- \$ 88,480	\$ 88,481	- \$ 101,120	\$ 101,121	- \$ 999,999

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

\*Por cada persona adicional, agrega: \$5,140 al total del ingreso admisible para la Tarifa A

Para saber a cual nivel calificas, busca el numero de familia en la columna izquierda. Sigue la linea a la derecha hasta que llegues a tu ingreso Anual. Esto determinara para cual tarifa de descuento calificas.



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

Effective 01/26/23

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 - \$ 14,580	\$ 14,581 - \$ 18,225	\$ 18,226 - \$ 21,870	\$ 21,871 - \$ 25,515	\$ 25,516 - \$ 29,160	\$ 29,161 - \$ 43,740	\$ 43,741 - \$ 999,999
2	\$0 - \$ 19,720	\$ 19,721 - \$ 24,650	\$ 24,651 - \$ 29,580	\$ 29,581 - \$ 34,510	\$ 34,511 - \$ 39,440	\$ 39,441 - \$ 59,160	\$ 59,161 - \$ 999,999
3	\$0 - \$ 24,860	\$ 24,861 - \$ 31,075	\$ 31,076 - \$ 37,290	\$ 37,291 - \$ 43,505	\$ 43,506 - \$ 49,720	\$ 49,721 - \$ 74,580	\$ 74,581 - \$ 999,999
4	\$0 - \$ 30,000	\$ 30,001 - \$ 37,500	\$ 37,501 - \$ 45,000	\$ 45,001 - \$ 52,500	\$ 52,501 - \$ 60,000	\$ 60,001 - \$ 90,000	\$ 90,001 - \$ 999,999
5	\$0 - \$ 35,140	\$ 35,141 - \$ 43,925	\$ 43,926 - \$ 52,710	\$ 52,711 - \$ 61,495	\$ 61,496 - \$ 70,280	\$ 70,281 - \$ 105,420	\$ 105,421 - \$ 999,999
6	\$0 - \$ 40,280	\$ 40,281 - \$ 50,350	\$ 50,351 - \$ 60,420	\$ 60,421 - \$ 70,490	\$ 70,491 - \$ 80,560	\$ 80,561 - \$ 120,840	\$ 120,841 - \$ 999,999
7	\$0 - \$ 45,420	\$ 45,421 - \$ 56,775	\$ 56,776 - \$ 68,130	\$ 68,131 - \$ 79,485	\$ 79,486 - \$ 90,840	\$ 90,841 - \$ 136,260	\$ 136,261 - \$ 999,999
8	\$0 - \$ 50,560	\$ 50,561 - \$ 63,200	\$ 63,201 - \$ 75,840	\$ 75,841 - \$ 88,480	\$ 88,481 - \$ 101,120	\$ 101,121 - \$ 151,680	\$ 151,681 - \$ 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.



**COMMWELL HEALTH**  
**RYAN WHITE ESCALA DE TARIFA REDUCIDA**

Effective 01/26/23

Nivel de escala de Tarifa Reducida	A	B	C	D	E	F	G
Cantidad de personas en el hogar	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual
1	\$0 - \$ 14,580	\$ 14,581 - \$ 18,225	\$ 18,226 - \$ 21,870	\$ 21,871 - \$ 25,515	\$ 25,516 - \$ 29,160	\$ 29,161 - \$ 43,740	\$ 43,741 - \$ 999,999
2	\$0 - \$ 19,720	\$ 19,721 - \$ 24,650	\$ 24,651 - \$ 29,580	\$ 29,581 - \$ 34,510	\$ 34,511 - \$ 39,440	\$ 39,441 - \$ 59,160	\$ 59,161 - \$ 999,999
3	\$0 - \$ 24,860	\$ 24,861 - \$ 31,075	\$ 31,076 - \$ 37,290	\$ 37,291 - \$ 43,505	\$ 43,506 - \$ 49,720	\$ 49,721 - \$ 74,580	\$ 74,581 - \$ 999,999
4	\$0 - \$ 30,000	\$ 30,001 - \$ 37,500	\$ 37,501 - \$ 45,000	\$ 45,001 - \$ 52,500	\$ 52,501 - \$ 60,000	\$ 60,001 - \$ 90,000	\$ 90,001 - \$ 999,999
5	\$0 - \$ 35,140	\$ 35,141 - \$ 43,925	\$ 43,926 - \$ 52,710	\$ 52,711 - \$ 61,495	\$ 61,496 - \$ 70,280	\$ 70,281 - \$ 105,420	\$ 105,421 - \$ 999,999
6	\$0 - \$ 40,280	\$ 40,281 - \$ 50,350	\$ 50,351 - \$ 60,420	\$ 60,421 - \$ 70,490	\$ 70,491 - \$ 80,560	\$ 80,561 - \$ 120,840	\$ 120,841 - \$ 999,999
7	\$0 - \$ 45,420	\$ 45,421 - \$ 56,775	\$ 56,776 - \$ 68,130	\$ 68,131 - \$ 79,485	\$ 79,486 - \$ 90,840	\$ 90,841 - \$ 136,260	\$ 136,261 - \$ 999,999
8	\$0 - \$ 50,560	\$ 50,561 - \$ 63,200	\$ 63,201 - \$ 75,840	\$ 75,841 - \$ 88,480	\$ 88,481 - \$ 101,120	\$ 101,121 - \$ 151,680	\$ 151,681 - \$ 999,999
<b>SERVICIOS DE RYAN WHITE</b>							
Nivel de pobreza	0% < 100%	101% < 125%	126% < 150%	151% < 175%	176% < 200%	201% < 300%	> 300%
Cuota Nominal	\$0	\$1	\$2	\$3	\$3	\$3	\$4
Cargos Maximos Anuales	0% ingresos total anual	5% ingresos total anual	5% ingresos total anual	5% ingresos total anual	5% ingresos total anual	7% ingresos total anual	10% ingresos total anual

\*Por cada persona adicional, agrega: \$5,140 al total del ingreso admisible para la Tarifa A

Para saber a cual nivel calificas, busca el numero de familia en la columna izquierda. Sigue la linea a la derecha hasta que llegues a tu ingreso Anual. Esto determinara para cual tarifa de descuento calificas.