



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

Effective 02/01/25

	0 - 100% FPL	101 - 125% FPL	126 - 150% FPL	151 - 175% FPL	176 - 200% FPL	201% + FPL
	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 - \$ 15,650	\$ 15,651 - \$ 19,563	\$ 19,564 - \$ 23,475	\$ 23,476 - \$ 27,388	\$ 27,389 - \$ 31,300	\$ 31,301 - \$ 999,999
2	\$0 - \$ 21,150	\$ 21,151 - \$ 26,438	\$ 26,439 - \$ 31,725	\$ 31,726 - \$ 37,013	\$ 37,014 - \$ 42,300	\$ 42,301 - \$ 999,999
3	\$0 - \$ 26,650	\$ 26,651 - \$ 33,313	\$ 33,314 - \$ 39,975	\$ 39,976 - \$ 46,638	\$ 46,639 - \$ 53,300	\$ 53,301 - \$ 999,999
4	\$0 - \$ 32,150	\$ 32,151 - \$ 40,188	\$ 40,189 - \$ 48,225	\$ 48,226 - \$ 56,263	\$ 56,264 - \$ 64,300	\$ 64,301 - \$ 999,999
5	\$0 - \$ 37,650	\$ 37,651 - \$ 47,063	\$ 47,064 - \$ 56,475	\$ 56,476 - \$ 65,888	\$ 65,889 - \$ 75,300	\$ 75,301 - \$ 999,999
6	\$0 - \$ 43,150	\$ 43,151 - \$ 53,938	\$ 53,939 - \$ 64,725	\$ 64,726 - \$ 75,513	\$ 75,514 - \$ 86,300	\$ 86,301 - \$ 999,999
7	\$0 - \$ 48,650	\$ 48,651 - \$ 60,813	\$ 60,814 - \$ 72,975	\$ 72,976 - \$ 85,138	\$ 85,139 - \$ 97,300	\$ 97,301 - \$ 999,999
8	\$0 - \$ 54,150	\$ 54,151 - \$ 67,688	\$ 67,689 - \$ 81,225	\$ 81,226 - \$ 94,763	\$ 94,764 - \$ 108,300	\$ 108,301 - \$ 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*
Administrations (1 per visit)	\$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*
Circumcisions	\$120	\$140	\$160	\$180	\$200	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 02/01/25

	0 - 100% FPL	101 - 125% FPL	126 - 150% FPL	151 - 175% FPL	176 - 200% FPL	201% + FPL
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 - \$ 15,650	\$ 15,651 - \$ 19,563	\$ 19,564 - \$ 23,475	\$ 23,476 - \$ 27,388	\$ 27,389 - \$ 31,300	\$ 31,301 - \$ 999,999
2	\$0 - \$ 21,150	\$ 21,151 - \$ 26,438	\$ 26,439 - \$ 31,725	\$ 31,726 - \$ 37,013	\$ 37,014 - \$ 42,300	\$ 42,301 - \$ 999,999
3	\$0 - \$ 26,650	\$ 26,651 - \$ 33,313	\$ 33,314 - \$ 39,975	\$ 39,976 - \$ 46,638	\$ 46,639 - \$ 53,300	\$ 53,301 - \$ 999,999
4	\$0 - \$ 32,150	\$ 32,151 - \$ 40,188	\$ 40,189 - \$ 48,225	\$ 48,226 - \$ 56,263	\$ 56,264 - \$ 64,300	\$ 64,301 - \$ 999,999
5	\$0 - \$ 37,650	\$ 37,651 - \$ 47,063	\$ 47,064 - \$ 56,475	\$ 56,476 - \$ 65,888	\$ 65,889 - \$ 75,300	\$ 75,301 - \$ 999,999
6	\$0 - \$ 43,150	\$ 43,151 - \$ 53,938	\$ 53,939 - \$ 64,725	\$ 64,726 - \$ 75,513	\$ 75,514 - \$ 86,300	\$ 86,301 - \$ 999,999
7	\$0 - \$ 48,650	\$ 48,651 - \$ 60,813	\$ 60,814 - \$ 72,975	\$ 72,976 - \$ 85,138	\$ 85,139 - \$ 97,300	\$ 97,301 - \$ 999,999
8	\$0 - \$ 54,150	\$ 54,151 - \$ 67,688	\$ 67,689 - \$ 81,225	\$ 81,226 - \$ 94,763	\$ 94,764 - \$ 108,300	\$ 108,301 - \$ 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 02/01/25

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 - \$ 15,650	\$ 15,651 - \$ 19,563	\$ 19,564 - \$ 23,475	\$ 23,476 - \$ 27,388	\$ 27,389 - \$ 31,300	\$ 31,301 - \$ 46,950	\$ 46,951 - \$ 999,999
2	\$0 - \$ 21,150	\$ 21,151 - \$ 26,438	\$ 26,439 - \$ 31,725	\$ 31,726 - \$ 37,013	\$ 37,014 - \$ 42,300	\$ 42,301 - \$ 63,450	\$ 63,451 - \$ 999,999
3	\$0 - \$ 26,650	\$ 26,651 - \$ 33,313	\$ 33,314 - \$ 39,975	\$ 39,976 - \$ 46,638	\$ 46,639 - \$ 53,300	\$ 53,301 - \$ 79,950	\$ 79,951 - \$ 999,999
4	\$0 - \$ 32,150	\$ 32,151 - \$ 40,188	\$ 40,189 - \$ 48,225	\$ 48,226 - \$ 56,263	\$ 56,264 - \$ 64,300	\$ 64,301 - \$ 96,450	\$ 96,451 - \$ 999,999
5	\$0 - \$ 37,650	\$ 37,651 - \$ 47,063	\$ 47,064 - \$ 56,475	\$ 56,476 - \$ 65,888	\$ 65,889 - \$ 75,300	\$ 75,301 - \$ 112,950	\$ 112,951 - \$ 999,999
6	\$0 - \$ 43,150	\$ 43,151 - \$ 53,938	\$ 53,939 - \$ 64,725	\$ 64,726 - \$ 75,513	\$ 75,514 - \$ 86,300	\$ 86,301 - \$ 129,450	\$ 129,451 - \$ 999,999
7	\$0 - \$ 48,650	\$ 48,651 - \$ 60,813	\$ 60,814 - \$ 72,975	\$ 72,976 - \$ 85,138	\$ 85,139 - \$ 97,300	\$ 97,301 - \$ 145,950	\$ 145,951 - \$ 999,999
8	\$0 - \$ 54,150	\$ 54,151 - \$ 67,688	\$ 67,689 - \$ 81,225	\$ 81,226 - \$ 94,763	\$ 94,764 - \$ 108,300	\$ 108,301 - \$ 162,450	\$ 162,451 - \$ 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.