



**COMMWELL HEALTH
SLIDING FEE DISCOUNT SCALE**

Effective 04/01/26

	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 - \$ 15,960	\$ 15,961 - \$ 19,950	\$ 19,951 - \$ 23,940	\$ 23,941 - \$ 27,930	\$ 27,931 - \$ 31,920	\$ 31,921 - \$ 999,999
2	\$0 - \$ 21,640	\$ 21,641 - \$ 27,050	\$ 27,051 - \$ 32,460	\$ 32,461 - \$ 37,870	\$ 37,871 - \$ 43,280	\$ 43,281 - \$ 999,999
3	\$0 - \$ 27,320	\$ 27,321 - \$ 34,150	\$ 34,151 - \$ 40,980	\$ 40,981 - \$ 47,810	\$ 47,811 - \$ 54,640	\$ 54,641 - \$ 999,999
4	\$0 - \$ 33,000	\$ 33,001 - \$ 41,250	\$ 41,251 - \$ 49,500	\$ 49,501 - \$ 57,750	\$ 57,751 - \$ 66,000	\$ 66,001 - \$ 999,999
5	\$0 - \$ 38,680	\$ 38,681 - \$ 48,350	\$ 48,351 - \$ 58,020	\$ 58,021 - \$ 67,690	\$ 67,691 - \$ 77,360	\$ 77,361 - \$ 999,999
6	\$0 - \$ 44,360	\$ 44,361 - \$ 55,450	\$ 55,451 - \$ 66,540	\$ 66,541 - \$ 77,630	\$ 77,631 - \$ 88,720	\$ 88,721 - \$ 999,999
7	\$0 - \$ 50,040	\$ 50,041 - \$ 62,550	\$ 62,551 - \$ 75,060	\$ 75,061 - \$ 87,570	\$ 87,571 - \$ 100,080	\$ 100,081 - \$ 999,999
8	\$0 - \$ 55,720	\$ 55,721 - \$ 69,650	\$ 69,651 - \$ 83,580	\$ 83,581 - \$ 97,510	\$ 97,511 - \$ 111,440	\$ 111,441 - \$ 999,999
Medical Services	Nominal Fee	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount
Medical Services	\$50	\$60	\$70	\$80	\$90	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*
Behavioral Health Services	Nominal Fee	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount
Behavioral Health Services	\$50	\$60	\$70	\$80	\$90	Full Pay*
Group Therapy	\$15	\$25	\$35	\$45	\$55	Full Pay*
Dental Services	Nominal Fee	% Payment	% Payment	% Payment	% Payment	Payment Amount
Dental Services-Preventative	\$75	76% or \$76	80% or \$77	83% or \$78	85% or \$79	Full Pay*
Dental Services-Restorative	\$115	57% or \$116	60% or \$117	70% or \$118	80% or \$119	Full Pay*
Endodontic Therapy	\$445	57% or \$446	60% or \$447	70% or \$448	80% or \$449	Full Pay*
Prosthodontics (lab fees additional)	\$280	57% or \$281	60% or \$282	70% or \$283	80% or \$284	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 04/01/26

	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 - \$ 15,960	\$ 15,961 - \$ 19,950	\$ 19,951 - \$ 23,940	\$ 23,941 - \$ 27,930	\$ 27,931 - \$ 31,920	\$ 31,921 - \$ 999,999
2	\$0 - \$ 21,640	\$ 21,641 - \$ 27,050	\$ 27,051 - \$ 32,460	\$ 32,461 - \$ 37,870	\$ 37,871 - \$ 43,280	\$ 43,281 - \$ 999,999
3	\$0 - \$ 27,320	\$ 27,321 - \$ 34,150	\$ 34,151 - \$ 40,980	\$ 40,981 - \$ 47,810	\$ 47,811 - \$ 54,640	\$ 54,641 - \$ 999,999
4	\$0 - \$ 33,000	\$ 33,001 - \$ 41,250	\$ 41,251 - \$ 49,500	\$ 49,501 - \$ 57,750	\$ 57,751 - \$ 66,000	\$ 66,001 - \$ 999,999
5	\$0 - \$ 38,680	\$ 38,681 - \$ 48,350	\$ 48,351 - \$ 58,020	\$ 58,021 - \$ 67,690	\$ 67,691 - \$ 77,360	\$ 77,361 - \$ 999,999
6	\$0 - \$ 44,360	\$ 44,361 - \$ 55,450	\$ 55,451 - \$ 66,540	\$ 66,541 - \$ 77,630	\$ 77,631 - \$ 88,720	\$ 88,721 - \$ 999,999
7	\$0 - \$ 50,040	\$ 50,041 - \$ 62,550	\$ 62,551 - \$ 75,060	\$ 75,061 - \$ 87,570	\$ 87,571 - \$ 100,080	\$ 100,081 - \$ 999,999
8	\$0 - \$ 55,720	\$ 55,721 - \$ 69,650	\$ 69,651 - \$ 83,580	\$ 83,581 - \$ 97,510	\$ 97,511 - \$ 111,440	\$ 111,441 - \$ 999,999

Pharmacy - Prescription Medications							
Insulin/EpiPens	Nominal Charge	\$10 + cost	\$11 + cost	\$12 + cost	\$13 + cost	\$14 + cost	\$20 + cost
Tier 1	Nominal Charge	\$18	\$19	\$20	\$21	\$22	\$23
Tier 2	Nominal Charge	\$24	\$25	\$26	\$27	\$28	\$29
Tier 3	Nominal Charge	\$29	\$30	\$31	\$32	\$33	\$34
Tier 4	Nominal Charge	\$34	\$35	\$36	\$37	\$38	\$39
Tier 5	Nominal Charge	\$39	\$40	\$41	\$42	\$43	\$44
Tier 6	Nominal Charge	\$44	\$45	\$46	\$47	\$48	\$49
Tier 7	Nominal Charge	\$49	\$50	\$51	\$52	\$53	\$54
Tier 8	Nominal Charge	\$54	\$55	\$56	\$57	\$58	\$59
Tier 9	Nominal Charge	\$59	\$60	\$61	\$62	\$63	\$64
Tier 10	Nominal Charge	\$64	\$65	\$66	\$67	\$68	\$69
Tier 11	Nominal Charge	\$69	\$70	\$71	\$72	\$73	\$74
Tier 12	Nominal Charge	\$74	\$75	\$76	\$77	\$78	\$79
Tier 13	Nominal Charge	\$79	\$80	\$81	\$82	\$83	\$84
Tier 14	Nominal Charge	\$84	\$85	\$86	\$87	\$88	\$89
Tier 15	Nominal Charge	\$89	\$90	\$91	\$92	\$93	\$94
Tier 16	Nominal Charge	\$94	\$95	\$96	\$97	\$98	\$99
Tier 17	Nominal Charge	\$99	\$100	\$101	\$102	\$103	\$104
Tier 18	Nominal Charge	\$104	\$105	\$106	\$107	\$108	\$109
Tier 19	Nominal Charge	\$109	\$110	\$111	\$112	\$113	\$114
Tier 20	Nominal Charge	\$114	\$115	\$116	\$117	\$118	\$119

*For each additional person, add: \$5,680 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 04/01/26

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 - \$ 15,960	\$ 15,961 - \$ 19,950	\$ 19,951 - \$ 23,940	\$ 23,941 - \$ 27,930	\$ 27,931 - \$ 31,920	\$ 31,921 - \$ 47,880	\$ 47,881 - \$ 999,999
2	\$0 - \$ 21,640	\$ 21,641 - \$ 27,050	\$ 27,051 - \$ 32,460	\$ 32,461 - \$ 37,870	\$ 37,871 - \$ 43,280	\$ 43,281 - \$ 64,920	\$ 64,921 - \$ 999,999
3	\$0 - \$ 27,320	\$ 27,321 - \$ 34,150	\$ 34,151 - \$ 40,980	\$ 40,981 - \$ 47,810	\$ 47,811 - \$ 54,640	\$ 54,641 - \$ 81,960	\$ 81,961 - \$ 999,999
4	\$0 - \$ 33,000	\$ 33,001 - \$ 41,250	\$ 41,251 - \$ 49,500	\$ 49,501 - \$ 57,750	\$ 57,751 - \$ 66,000	\$ 66,001 - \$ 99,000	\$ 99,001 - \$ 999,999
5	\$0 - \$ 38,680	\$ 38,681 - \$ 48,350	\$ 48,351 - \$ 58,020	\$ 58,021 - \$ 67,690	\$ 67,691 - \$ 77,360	\$ 77,361 - \$ 116,040	\$ 116,041 - \$ 999,999
6	\$0 - \$ 44,360	\$ 44,361 - \$ 55,450	\$ 55,451 - \$ 66,540	\$ 66,541 - \$ 77,630	\$ 77,631 - \$ 88,720	\$ 88,721 - \$ 133,080	\$ 133,081 - \$ 999,999
7	\$0 - \$ 50,040	\$ 50,041 - \$ 62,550	\$ 62,551 - \$ 75,060	\$ 75,061 - \$ 87,570	\$ 87,571 - \$ 100,080	\$ 100,081 - \$ 150,120	\$ 150,121 - \$ 999,999
8	\$0 - \$ 55,720	\$ 55,721 - \$ 69,650	\$ 69,651 - \$ 83,580	\$ 83,581 - \$ 97,510	\$ 97,511 - \$ 111,440	\$ 111,441 - \$ 167,160	\$ 167,161 - \$ 999,999
RYAN WHITE SERVICES							
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: \$5,680 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.