

**PROGRESSIVE COMMUNITY HEALTH CENTERS  
2024 FPL**

**Medical Slide Fee Scale**

| Sliding Fee Level            | A                     | B                   | C                   | D                    | E                    |
|------------------------------|-----------------------|---------------------|---------------------|----------------------|----------------------|
| <b>Federal Poverty Level</b> | <b>100% - or Less</b> | <b>101% - 133%</b>  | <b>134% - 167%</b>  | <b>168% - 200%</b>   | <b>201% &amp; Up</b> |
| Medical Discount             | N/A                   | 80%                 | 60%                 | 40%                  | 0%                   |
| Patient Responsibility       | *Nominal Fee          | 20%                 | 40%                 | 60%                  | 100%                 |
| <b>Due at time of Visit</b>  | <b>Nominal Fee</b>    | <b>Minimum Fee</b>  | <b>Minimum Fee</b>  | <b>Minimum Fee</b>   | <b>Minimum Fee</b>   |
| Primary Care                 | \$15.00               | \$20.00             | \$25.00             | \$30.00              | \$35.00              |
| Women's Health               | \$15.00               | \$20.00             | \$25.00             | \$30.00              | \$35.00              |
| Behavioral Health            | \$15.00               | \$20.00             | \$25.00             | \$30.00              | \$35.00              |
| Urgent Care                  | \$15.00               | \$20.00             | \$25.00             | \$30.00              | \$35.00              |
| Podiatry                     | \$15.00               | \$20.00             | \$25.00             | \$30.00              | \$35.00              |
| Lab Handling Fee             | \$6.00                | \$6.00              | \$6.00              | \$6.00               | \$6.00               |
| Family Size                  | A                     | B                   | C                   | D                    | E                    |
| 1                            | \$0.00 - \$15,060     | \$15,061 - \$20,030 | \$20,031 - \$25,150 | \$25,151 - \$30,120  | \$30,121 +           |
| 2                            | \$0.00 - \$20,440     | \$20,441 - \$27,185 | \$27,186 - \$34,135 | \$34,136 - \$40,880  | \$40,881+            |
| 3                            | \$0.00 - \$25,820     | \$25,821 - \$34,341 | \$34,342 - \$43,119 | \$43,120 - \$51,640  | \$51,641 +           |
| 4                            | \$0.00 - \$31,200     | \$31,201 - \$41,496 | \$41,497 - \$52,104 | \$52,105 - \$62,400  | \$62,401 +           |
| 5                            | \$0.00 - \$36,580     | \$36,581 - \$48,651 | \$48,652 - \$61,089 | \$61,090 - \$73,160  | \$73,161 +           |
| 6                            | \$0.00 - \$41,960     | \$41,961 - \$55,807 | \$55,808 - \$70,073 | \$70,074 - \$83,920  | \$83,921 +           |
| 7                            | \$0.00 - \$47,340     | \$47,341 - \$62,962 | \$62,963 - \$79,058 | \$79,059 - \$94,680  | \$94,681 +           |
| 8                            | \$0.00 - \$52,720     | \$52,721 - \$70,118 | \$70,119 - \$88,042 | \$88,043 - \$105,440 | \$105,441 +          |
| <b>Add'l Person</b>          | <b>\$5,380</b>        | <b>\$7,155</b>      | <b>\$8,985</b>      | <b>\$10,760</b>      |                      |

Calculation to = **Annual Gross Income**

- Weekly X **52** Weeks
- Bi-Weekly X **26** Weeks
- Semi-Monthly X **24** Weeks
- Monthly X **12** Months

**PROGRESSIVE COMMUNITY HEALTH CENTERS  
2024 FPL**

**Dental Sliding Fee Scale**

| Sliding Fee Level            | A  | B                   | C                   | D                    | E                    |
|------------------------------|--|---------------------|---------------------|----------------------|----------------------|
| <b>Federal Poverty Level</b> | <b>100% - or Less</b>                      | <b>101% - 133%</b>  | <b>134% - 167%</b>  | <b>168% - 200%</b>   | <b>201% &amp; Up</b> |
| Dental Discount              | N/A  | 75%                 | 50%                 | 25%                  | 0%                   |
| Patient Responsibility       | *Nominal Fee                               | 25%                 | 50%                 | 75%                  | 100%                 |
| <b>Due at time of Visit</b>  | <b>Nominal Fee</b>                         | <b>25%</b>          | <b>50%</b>          | <b>75%</b>           | <b>100%</b>          |
| <b>Basic Dental Services</b> | <b>\$25.00</b>                             | <b>25%</b>          | <b>50%</b>          | <b>75%</b>           | <b>100%</b>          |
| <b>Major Dental Service</b>  | <b>\$100.00</b>                            | <b>25%</b>          | <b>50%</b>          | <b>75%</b>           | <b>100%</b>          |
| <b>Laboratory Services</b>   | <b>No Discounts-Due at time of Service</b> |                     |                     |                      |                      |
| Family Size                  | A  | B                   | C                   | D                    | E                    |
| 1                            | \$0.00 - \$15,060                          | \$15,061 - \$20,030 | \$20,031 - \$25,150 | \$25,151 - \$30,120  | \$30,121 +           |
| 2                            | \$0.00 - \$20,440                          | \$20,441 - \$27,185 | \$27,186 - \$34,135 | \$34,136 - \$40,880  | \$40,881+            |
| 3                            | \$0.00 - \$25,820                          | \$25,821 - \$34,341 | \$34,342 - \$43,119 | \$43,120 - \$51,640  | \$51,641 +           |
| 4                            | \$0.00 - \$31,200                          | \$31,201 - \$41,496 | \$41,497 - \$52,104 | \$52,105 - \$62,400  | \$62,401 +           |
| 5                            | \$0.00 - \$36,580                          | \$36,581 - \$48,651 | \$48,652 - \$61,089 | \$61,090 - \$73,160  | \$73,161 +           |
| 6                            | \$0.00 - \$41,960                          | \$41,961 - \$55,807 | \$55,808 - \$70,073 | \$70,074 - \$83,920  | \$83,921 +           |
| 7                            | \$0.00 - \$47,340                          | \$47,341 - \$62,962 | \$62,963 - \$79,058 | \$79,059 - \$94,680  | \$94,681 +           |
| 8                            | \$0.00 - \$52,720                          | \$52,721 - \$70,118 | \$70,119 - \$88,042 | \$88,043 - \$105,440 | \$105,441 +          |
| <b>Add'l Person</b>          | <b>\$5,380</b>                             | <b>\$7,155</b>      | <b>\$8,985</b>      | <b>\$10,760</b>      |                      |

Calculation to = Annual Gross Income

Weekly X **52** Weeks

Bi-Weekly X **26** Weeks

Semi-Monthly X **24** Weeks

Monthly X **12** Months