

**REGIONAL PRIMARY CARE NETWORK
SLIDING FEE DISCOUNT PROGRAM
INCOME GUIDELINES FOR
Effective February 20, 2017
PATIENT MEDICAL, AND PHARMACY SFSD SCHEDULE**

MEDICAL FEE SCHEDULE

SF Schedule		A	B		C		D		E		F	
Percent of Poverty		0% - 100%	101% - 119%		120% - 139%		140% - 159%		160% - 179%		180% - 200%	
Discount:		100%										
Patient Pays:		**\$10	\$ 20.00		\$ 30.00		\$ 40.00		\$ 60.00		\$ 80.00	
Family Size	Federal Poverty Guidelines	Less than or equal to Poverty	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to
1	12,060	12,060	12,061	14,351	14,352	16,763	16,764	19,175	19,176	21,587	21,588	24,120
2	16,240	16,240	16,241	19,326	19,327	22,574	22,575	25,822	25,823	29,070	29,071	32,480
3	20,420	20,420	20,421	24,300	24,301	28,384	28,385	32,468	32,469	36,552	36,553	40,840
4	24,600	24,600	24,601	29,274	29,275	34,194	34,195	39,114	39,115	44,034	44,035	49,200
5	28,780	28,780	28,781	34,248	34,249	40,004	40,005	45,760	45,761	51,516	51,517	57,560
6	32,960	32,960	32,961	39,222	39,223	45,814	45,815	52,406	52,407	58,998	58,999	65,920
7	37,140	37,140	37,141	44,197	44,198	51,625	51,626	59,053	59,054	66,481	66,482	74,280
8	41,320	41,320	41,321	49,171	49,172	57,435	57,436	65,699	65,700	73,963	73,964	82,640
	4,180	**For family sizes greater than 8, add for each additional person										

4180

PHARMACY FEE SCHEDULE

Discount	Patient Pays†
100%	\$5.00 fee per prescription with a \$30.00 maximum paid per month
80%	The greater of \$6.00 or 20% of cost per prescription
70%	The greater of \$7.00 or 30% of cost per prescription
60%	The greater of \$8.00 or 40% of cost per prescription
40%	The greater of \$9.00 or 60% of cost per prescription
20%	The greater of \$10.00 or 80% of cost per prescription
0%	Patient pays 100% of charges*

Source of Federal Poverty Guidelines:

Federal Register, Vol.82, No. 19 Pages 8831-8832, January 31, 2017

Poverty Guidelines are for the 48 Contiguous States and D.C. Alaska and Hawaii have different Guidelines.

†Patient charges are calculated based on the supply cost of the medication plus inventory fees and dispensing fees.

*Note: Patients with incomes exceeding 200% of the Federal Poverty Guidelines must pay full charges plus a \$5/prescription administrative fee.

**Nominal Fee is waived for patients at the school based health centers

Approved by BOD on February 7, 2017

**REGIONAL PRIMARY CARE NETWORK
SLIDING FEE DISCOUNT PROGRAM
INCOME GUIDELINES FOR
Effective February 20, 2017
PATIENT LABORATORY, X-RAY AND PHARMACY SFSD SCHEDULE**

LABORATORY and X-RAY FEE SCHEDULE

SF Schedule		A	B		C		D		E		F	
Percent of Poverty		0% - 100%	101% - 119%		120% - 139%		140% - 159%		160% - 179%		180% - 200%	
Discount:		100%	80%		70%		60%		40%		20%	
Patient Pays:		**\$10	20%		30%		40%		60%		80%	
Family Size	Federal Poverty Guidelines	Less than or equal to Poverty	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to
1	12,060	12,060	12,061	14,351	14,352	16,763	16,764	19,175	19,176	21,587	21,588	24,120
2	16,240	16,240	16,241	19,326	19,327	22,574	22,575	25,822	25,823	29,070	29,071	32,480
3	20,420	20,420	20,421	24,300	24,301	28,384	28,385	32,468	32,469	36,552	36,553	40,840
4	24,600	24,600	24,601	29,274	29,275	34,194	34,195	39,114	39,115	44,034	44,035	49,200
5	28,780	28,780	28,781	34,248	34,249	40,004	40,005	45,760	45,761	51,516	51,517	57,560
6	32,960	32,960	32,961	39,222	39,223	45,814	45,815	52,406	52,407	58,998	58,999	65,920
7*	37,140	37,140	37,141	44,197	44,198	51,625	51,626	59,053	59,054	66,481	66,482	74,280
8*	41,320	41,320	41,321	49,171	49,172	57,435	57,436	65,699	65,700	73,963	73,964	82,640
	4,180	**For family sizes greater than 8, add for each additional person										

PHARMACY FEE SCHEDULE

Discount	Patient Pays†
100%	\$5.00 fee per prescription with a \$30.00 maximum paid per month
80%	The greater of \$6.00 or 20% of cost per prescription
70%	The greater of \$7.00 or 30% of cost per prescription
60%	The greater of \$8.00 or 40% of cost per prescription
40%	The greater of \$9.00 or 60% of cost per prescription
20%	The greater of \$10.00 or 80% of cost per prescription
0%	Patient pays 100% of charges*

Source of Federal Poverty Guidelines:

Federal Register, Vol.82, No. 19 Pages 8831-8832, January 31, 2017

Poverty Guidelines are for the 48 Contiguous States and D.C. Alaska and Hawaii have different Guidelines.

†Patient charges are calculated based on the supply cost of the medication plus inventory fees and dispensing fees.

*Note: Patients with incomes exceeding 200% of the Federal Poverty Guidelines must pay full charges plus a \$5/prescription administrative fee.

**Nominal Fee is waived for patients at the school based health centers

Approved by BOD on February 7, 2017

**REGIONAL PRIMARY CARE NETWORK
SLIDING FEE DISCOUNT PROGRAM
INCOME GUIDELINES FOR
Effective February 20, 2017
PATIENT DENTAL SFSD SCHEDULE**

SF Schedule		A	B		C		D		E		F	
Percent of Poverty		0% - 100%	101% - 119%		120% - 139%		140% - 159%		160% - 179%		180% - 200%	
Family Size	Federal Poverty Guidelines	Less than or equal to Poverty	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to
1	12,060	12,060	12,061	14,351	14,352	16,763	16,764	19,175	19,176	21,587	21,588	24,120
2	16,240	16,240	16,241	19,326	19,327	22,574	22,575	25,822	25,823	29,070	29,071	32,480
3	20,420	20,420	20,421	24,300	24,301	28,384	28,385	32,468	32,469	36,552	36,553	40,840
4	24,600	24,600	24,601	29,274	29,275	34,194	34,195	39,114	39,115	44,034	44,035	49,200
5	28,780	28,780	28,781	34,248	34,249	40,004	40,005	45,760	45,761	51,516	51,517	57,560
6	32,960	32,960	32,961	39,222	39,223	45,814	45,815	52,406	52,407	58,998	58,999	65,920
7*	37,140	37,140	37,141	44,197	44,198	51,625	51,626	59,053	59,054	66,481	66,482	74,280
8*	41,320	41,320	41,321	49,171	49,172	57,435	57,436	65,699	65,700	73,963	73,964	82,640
	4,180	**For family sizes greater than 8, add for each additional person										

Category									
Bundled Per Visit (PV) Category		10.00	30.00	45.00	60.00	70.00	80.00		
Procedures Category 1		10.00	10.00	15.00	20.00	30.00	45.00		
2		15.00	25.00	40.00	50.00	75.00	100.00		
3		25.00	35.00	55.00	75.00	110.00	150.00		
4		50.00	50.00	75.00	100.00	150.00	200.00		
5		100.00	125.00	150.00	200.00	225.00	250.00		
6		150.00	175.00	200.00	225.00	275.00	325.00		
7		235.00	250.00	275.00	300.00	325.00	350.00		
8		275.00	300.00	325.00	350.00	375.00	400.00		
9		450.00	525.00	600.00	675.00	775.00	900.00		
10		550.00	700.00	800.00	900.00	1,000.00	1,200.00		

Source of Federal Poverty Guidelines:

Federal Register, Vol.82, No. 19 Pages 8831-8832, January 31, 2017

Poverty Guidelines are for the 48 Contiguous States and D.C. Alaska and Hawaii have different Guidelines.

†Patient charges are calculated based on the supply cost of the medication plus inventory fees and dispensing fees.

*Note: Patients with incomes exceeding 200% of the Federal Poverty Guidelines must pay full charges plus a \$5/prescription administrative fee.

**Nominal Fee is waived for patients at the school based health centers

Approved by BOD on February 7, 2017