

| ACCORDING TO HOUSEHOLD SIZE & INCOME LEVEL | DISCOUNT A </= 100% | DISCOUNT B 101% -125% | DISCOUNT C 126% - 150% | DISCOUNT D 151% - 200% | NO DISCOUNT E > 200% |
|---|------------------------|--|--|--|-------------------------|
| Board Approved 3-26-26 | | | | | |
| SERVICES: MEDICAL; OFFICE BASED OB/GYN; PODIATRY | | | | | |
| DISCOUNT FLAT FEE | \$10.00 | \$20.00 | \$25.00 | \$30.00 | FULL PAY |
| SERVICES; BEHAVIOR HEALTH | | | | | |
| DISCOUNT FLAT FEE | ZERO | \$10.00 | \$15.00 | \$20.00 | FULL PAY |
| SERVICES; CHIROPRACTICS | | | | | |
| ESTABLISHED PATIENT | \$35.00 | \$35.00 | \$54.00 | \$80.00 | \$107.00 |
| NEW PATIENT | \$35.00 | \$43.00 | \$87.00 | \$130.00 | \$173.00 |
| SERVICES; DENTAL | | | | | |
| DENTAL PREVENTATIVE | \$10.00 | \$20.00 | \$25.00 | \$30.00 | FULL PAY |
| DENTAL RESTORATIVE | \$20.00 | 20% Charges Minimum \$21.00 | 40% Charges Minimum \$30.00 | 60% Charges Minimum \$40.00 | FULL PAY |