

HEALTHCARE CHOICES, INC.

Medical Sliding Fee Schedule

Poverty Thresholds

Effective Date 2/16/2022

HCC Medical & Social Work FEE Schedule	\$ 10.00	\$ 20.00	\$ 30.00	\$ 45.00	\$ 100.00
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% of Federal Poverty Level	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%
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Family Size	A	B	C	D	E
1	13,590	16,988	20,385	23,783	27,180
2	18,310	22,888	27,465	32,043	36,620
3	23,030	28,788	34,545	40,303	46,060
4	27,750	34,688	41,625	48,563	55,500
5	32,470	40,588	48,705	56,823	64,940
6	37,190	46,488	55,785	65,083	74,380
7	41,910	52,388	62,865	73,343	83,820
8	46,630	58,288	69,945	81,603	93,260

HEALTHCARE CHOICES, INC.

Dental Sliding Fee Schedule

Poverty Thresholds

Effective Date 2/16/2022

HCC Dental FEE Schedule	\$ 45.00	\$ 50.00	\$ 60.00	\$ 75.00	\$ 100.00
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% of Federal Poverty Level	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%
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Family Size	A	B	C	D	E
1	13,590	16,988	20,385	23,783	27,180
2	18,310	22,888	27,465	32,043	36,620
3	23,030	28,788	34,545	40,303	46,060
4	27,750	34,688	41,625	48,563	55,500
5	32,470	40,588	48,705	56,823	64,940
6	37,190	46,488	55,785	65,083	74,380
7	41,910	52,388	62,865	73,343	83,820
8	46,630	58,288	69,945	81,603	93,260

HEALTHCARE CHOICES, INC.

Psychiatry Sliding Fee Schedule

Poverty Thresholds

Effective Date 2/16/2022

HCC Psychiatry FEE Schedule	\$ 45.00	\$ 50.00	\$ 60.00	\$ 75.00	\$ 100.00
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% of Federal Poverty Level	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%
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Family Size	A	B	C	D	E
1	13,590	16,988	20,385	23,783	27,180
2	18,310	22,888	27,465	32,043	36,620
3	23,030	28,788	34,545	40,303	46,060
4	27,750	34,688	41,625	48,563	55,500
5	32,470	40,588	48,705	56,823	64,940
6	37,190	46,488	55,785	65,083	74,380
7	41,910	52,388	62,865	73,343	83,820
8	46,630	58,288	69,945	81,603	93,260

For Family/households @ Level A with more than 9 persons, add \$4,540 for each additional person.

For Family/households @ Level B with more than 9 persons, add \$5,675 for each additional person.

For Family/households @ Level C with more than 9 persons, add \$6,810 for each additional person.

For Family/households @ Level D with more than 9 persons, add \$7,945 for each additional person.

For Family/households @ Level E with more than 9 persons, add \$9,080 for each additional person.