

48 Contiguous States

# of Persons in Household	2023 Federal Poverty Level for the 48 Contiguous States (Annual Income)			
	100%	138%	167%	200%
1	\$14,580	\$20,120	\$24,349	\$29,160
2	\$19,720	\$27,214	\$32,932	\$39,440
3	\$24,860	\$34,307	\$41,516	\$49,720
4	\$30,000	\$41,400	\$50,100	\$60,000
5	\$35,140	\$48,493	\$58,684	\$70,280
6	\$40,280	\$55,586	\$67,268	\$80,560
7	\$45,420	\$62,680	\$75,851	\$90,840
8	\$50,560	\$69,773	\$84,435	\$101,120
Incremental income of 5140 for households over 8				

FAMILY SIZE Miembros de Familia	ANNUAL FAMILY INCOME INGRESO ANNUAL	UNINSURED COPAY PER VISIT Co-pago Por Consulta				%age of Poverty
		MEDICAL Médico	BRIEF COUNSELING/ GROUP THERAPY Consejería Breve	Other Dental Services Discount off Charges (See attached)	Dental Preventative Services	
1	\$0 - \$14,580	\$20	\$0	55%	\$35	<=100%
	\$14,581 - \$20,120	\$30	\$2	45%	\$45	<=138%
	\$20,121 - \$24,349	\$40	\$3	40%	\$50	<=167%
	\$24,350 - \$29,160	\$50	\$5	35%	\$55	<=200%
	\$29,161 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
2	\$0 - \$19,720	\$20	\$0	55%	\$35	<=100%
	\$19,721 - \$27,214	\$30	\$2	45%	\$45	<=138%
	\$27,215 - \$32,932	\$40	\$3	40%	\$50	<=167%
	\$32,933 - \$39,440	\$50	\$5	35%	\$55	<=200%
	\$39,441 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
3	\$0 - \$24,860	\$20	\$0	55%	\$35	<=100%
	\$24,861 - \$34,307	\$30	\$2	45%	\$45	<=138%
	\$34,308 - \$41,516	\$40	\$3	40%	\$50	<=167%
	\$41,517 - \$49,720	\$50	\$5	35%	\$55	<=200%
	\$49,721 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
4	\$0 - \$30,000	\$20	\$0	55%	\$35	<=100%
	\$30,001 - \$41,400	\$30	\$2	45%	\$45	<=138%
	\$41,401 - \$50,100	\$40	\$3	40%	\$50	<=167%
	\$50,101 - \$60,000	\$50	\$5	35%	\$55	<=200%
	\$60,001 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
5	\$0 - \$35,140	\$20	\$0	55%	\$35	<=100%
	\$35,141 - \$48,493	\$30	\$2	45%	\$45	<=138%
	\$48,494 - \$58,684	\$40	\$3	40%	\$50	<=167%
	\$58,685 - \$70,280	\$50	\$5	35%	\$55	<=200%
	\$70,281 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
6	\$0 - \$40,280	\$20	\$0	55%	\$35	<=100%
	\$40,281 - \$55,586	\$30	\$2	45%	\$45	<=138%
	\$55,587 - \$67,268	\$40	\$3	40%	\$50	<=167%
	\$67,269 - \$80,560	\$50	\$5	35%	\$55	<=200%
	\$80,561 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
7	\$0 - \$45,420	\$20	\$0	55%	\$35	<=100%
	\$45,421 - \$62,680	\$30	\$2	45%	\$45	<=138%
	\$62,681 - \$75,851	\$40	\$3	40%	\$50	<=167%
	\$75,852 - \$90,840	\$50	\$5	35%	\$55	<=200%
	\$90,841 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
8	\$0 - \$50,560	\$20	\$0	55%	\$35	<=100%
	\$50,561 - \$69,773	\$30	\$2	45%	\$45	<=138%
	\$69,774 - \$84,435	\$40	\$3	40%	\$50	<=167%
	\$84,436 - \$101,120	\$50	\$5	35%	\$55	<=200%
	\$101,121 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
9	\$0 - \$55,700	\$20	\$0	55%	\$35	<=100%
	\$55,701 - \$76,866	\$30	\$2	45%	\$45	<=138%
	\$76,867 - \$93,019	\$40	\$3	40%	\$50	<=167%
	\$93,020 - \$111,400	\$50	\$5	35%	\$55	<=200%
	\$111,401 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
10	\$0 - \$60,840	\$20	\$0	55%	\$35	<=100%
	\$60,841 - \$83,959	\$30	\$2	45%	\$45	<=138%
	\$83,960 - \$101,603	\$40	\$3	40%	\$50	<=167%
	\$101,604 - \$121,680	\$50	\$5	35%	\$55	<=200%
	\$121,681 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%

As a guide only

PILLARS COMMUNITY HEALTH

Effective 04/15/2023

Dental Sliding Scale

		Sliding Scale Level				
		Full	A	B	C	D
	Exams and Cleanings					
Adult New Patient	First Visit Exam and X-Rays	\$99	\$35	\$45	\$50	\$55
Child New Patient	First Visit Exam, X-Rays, Cleaning and Fluoride Treatment	\$99	\$35	\$45	\$50	\$55
Established Patient	Visit fee includes services listed below. Full fee patients will pay the lesser of 147.00 or actual charges	\$147	\$35	\$45	\$50	\$55
D0001	Treatment Plan Initiated	\$0				
D0005	Completed Sealants	\$0				
D0120	Periodic exam - established patient	\$49				
D0140	Oral Evaluation Problem Focused	\$82				
D0145	Oral Evaluation Patient <3 yrs	\$77				
D0150	Comprehensive Exam New or Established	\$86				
D0190	Treatment Plan Completed	\$0				
D0191	Hygiene Plan Completed	\$0				
D1110	Prophylaxis-Adult	\$90				
D1120	Prophylaxis-Child	\$62				
D1206	Top Fluoride Varnish	\$45				
D1330	Oral Hygiene Instructions	\$0				
D0210	Interoral Complete Series	\$142				
D0220	Interoral Priapical First Image	\$28				
D0230	Interoral Each Additional	\$26				
D0270	Bitewing Single Image	\$28				
D0272	Bitewing Two Images	\$45				
D0273	Bitewing Three Images	\$54				
D0274	Bitewing Four Images	\$63				
D0412	Glucose in Dental office	\$0				
D0601	Caries Risk Assess Doc Find Low Rsk	\$0				
D0602	Caries Risk Assess Doc Find Mod Rsk	\$0				
D0603	Caries Risk Assess Doc Find Hi Rsk	\$0				

Established Patient		Sliding Scale Level				
			A	B	C	D
	Periodontal Work per Quadrant					
D4341	Prd SC & RT PL 4 or more teeth per quadrant	\$236	\$50	\$55	\$58	\$60
D4342	Prd SC & RT PL 1-3	\$137	\$50	\$55	\$58	\$60
*D4346	Scalng Gngival Inflamm Full Mounth Aftr Oral Eval	\$137	\$50	\$55	\$58	\$60
D4355	Full mouth Debrid to Enable Comp Evaluation and DX	\$162	\$50	\$55	\$58	\$60
D4910	Periodontal Maintenance	\$146	\$50	\$55	\$58	\$60

*not an HFS approved service all patients (including those with insurance needs to sign a fee consent form for non covered charges and will be assessed full fee or SSD)

Established Patient		Sliding Scale Level				
			A	B	C	D
	Restorative Work					
	Discount % off Full Fees		55%	45%	40%	35%
D1351	Sealant - Per tooth	\$54	\$24	\$30	\$32	\$35
D1354	Interim Caries Arresting Med Applic	\$54	\$24	\$30	\$32	\$35
D2330	Resin-Based Composite One Surface Anterior	\$150	\$68	\$83	\$90	\$98
D2331	Resin-Based Composite Two Surfaces Anterior	\$191	\$86	\$105	\$115	\$124
D2332	Resin-Based Composite Three Surfaces Anterior	\$234	\$105	\$129	\$140	\$152
D2335	Resin-Based Composite 4>Surfaces Incisal Angel	\$276	\$124	\$152	\$166	\$179
D2391	Resin-Based Composite One Surface Posterior	\$175	\$79	\$96	\$105	\$114
D2392	Resin-Based Composite Two Surfaces Posterior	\$230	\$104	\$127	\$138	\$150
D2393	Resin-Based Composite Three Surfaces Posterior	\$285	\$128	\$157	\$171	\$185
D2394	Resin Compos-Four or More Surfaces Posterior	\$349	\$157	\$192	\$209	\$227
D2930	Prefabricated crown for primary tooth	\$281	\$126	\$155	\$169	\$183
D2940	Protective Restoration	\$107	\$48	\$59	\$64	\$70
D3220	Tx Pulp-Remv pulp coronal dentinceme	\$214	\$96	\$118	\$128	\$139
D7140	Extraction Erupted Tooth or Exposed Root	\$175	\$79	\$96	\$105	\$114
D7210	Surg Removal Erupted Tooth Remv Bone Elev Flap	\$278	\$125	\$153	\$167	\$181
D8090	Comp Orthodontic Tx Adult Dentition	\$0	\$0	\$0	\$0	\$0
D9430	Office Visit Observation No Other Srvc Performed	\$0	\$0	\$0	\$0	\$0
*D6199	Restoring an Implant Crown					

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Fees are based on 80% of the 50th percentile of local prevailing charges
Bundled Services are further reduced to compete with discount providers

PILLARS COMMUNITY HEALTH
Effective 04/15/2023
FQHC Services - Medical, Dental BH - Telehealth

FAMILY SIZE	ANNUAL FAMILY INCOME	UNINSURED COPAY PER VISIT		%age of Poverty
MIEMBROS DE FAMILIA	INGRESO ANUAL	CO-PAGO POR CONSULTA		
		Telehealth Medical Médico	Telehealth Brief Counseling* Consejería Breve	As a guide only
1	\$0 - \$14,580	\$10	\$0	<=100%
	\$14,581 - \$20,120	\$15	\$1	<=138%
	\$20,121 - \$24,349	\$20	\$2	<=167%
	\$24,350 - \$29,160	\$25	\$4	<=200%
	\$29,161 - or above	Full Charge based on Services - Precio Completo basado en los Servicios		>200%
2	\$0 - \$19,720	\$10	\$0	<=100%
	\$19,721 - \$27,214	\$15	\$1	<=138%
	\$27,215 - \$32,932	\$20	\$2	<=167%
	\$32,933 - \$39,440	\$25	\$4	<=200%
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	\$24,861 - \$34,307	\$15	\$1	<=138%
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	\$67,269 - \$80,560	\$25	\$4	<=200%
	\$80,561 - or above	basado en los Servicios		>200%
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