2025 Poverty Levels

# of Persons in Household	Annual Income				
	<=100% (Slide A)	<=138% (Slide B)	<=167% (Slide C)	<=200% (Slide D)	>200% (Slide E)
1	**$15,650**	**$21,597**	**$26,136**	**$31,300**	**$31,301**
2	**$21,150**	**$29,187**	**$35,321**	**$42,300**	**$42,301**
3	**$26,650**	**$36,777**	**$44,506**	**$53,300**	**$53,301**
4	**$32,150**	**$44,367**	**$53,691**	**$64,300**	**$64,301**
5	**$37,650**	**$51,957**	**$62,876**	**$75,300**	**$75,301**
6	**$43,150**	**$59,547**	**$72,061**	**$86,300**	**$86,301**
7	**$48,650**	**$67,137**	**$81,246**	**$97,300**	**$97,301**
8	**$54,150**	**$74,727**	**$90,431**	**$108,300**	**$108,301**
Incremental income of 5500 for households over 8					

PILLARS COMMUNITY HEALTH
FQHC SLIDING SCALE EFFECTIVE 7/1/2025

FAMILY SIZE Miembros de Familia	SLIDE	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	*As a guide only*
1	A	$0	-	$15,650	$20	$1	55%	$35	*<=100%*
	B	$15,651		$21,597	$30	$2	45%	$45	*<=138%*
	C	$21,598	-	$26,136	$40	$3	40%	$50	*<=167%*
	D	$26,137	-	$31,300	$50	$5	35%	$55	*<=200%*
	E	$31,301	-	or above	Full Charge based on Services - Precio Completo basado en los Servicios			$147	*>200%*
2	A	$0	-	$21,150	$20	$1	55%	$35	*<=100%*
	B	$21,151		$29,187	$30	$2	45%	$45	*<=138%*
	C	$29,188	-	$35,321	$40	$3	40%	$50	*<=167%*
	D	$35,322	-	$42,300	$50	$5	35%	$55	*<=200%*
	E	$42,301	-	or above	Full Charge based on Services - Precio Completo basado en los Servicios			$147	*>200%*
3	A	$0	-	$26,650	$20	$1	55%	$35	*<=100%*
	B	$26,651		$36,777	$30	$2	45%	$45	*<=138%*
	C	$36,778	-	$44,506	$40	$3	40%	$50	*<=167%*
	D	$44,507	-	$53,300	$50	$5	35%	$55	*<=200%*
	E	$53,301	-	or above	Full Charge based on Services - Precio Completo basado en los Servicios			$147	*>200%*
4	A	$0	-	$32,150	$20	$1	55%	$35	*<=100%*
	B	$32,151		$44,367	$30	$2	45%	$45	*<=138%*
	C	$44,368	-	$53,691	$40	$3	40%	$50	*<=167%*
	D	$53,692	-	$64,300	$50	$5	35%	$55	*<=200%*
	E	$64,301	-	or above	Full Charge based on Services - Precio Completo basado en los Servicios			$147	*>200%*
5	A	$0	-	$37,650	$20	$1	55%	$35	*<=100%*
	B	$37,651		$51,957	$30	$2	45%	$45	*<=138%*
	C	$51,958	-	$62,876	$40	$3	40%	$50	*<=167%*
	D	$62,877	-	$75,300	$50	$5	35%	$55	*<=200%*
	E	$75,301	-	or above	Full Charge based on Services - Precio Completo basado en los Servicios			$147	*>200%*
6	A	$0	-	$43,150	$20	$0	55%	$35	*<=100%*
	B	$43,151		$59,547	$30	$2	45%	$45	*<=138%*
	C	$59,548	-	$72,061	$40	$3	40%	$50	*<=167%*
	D	$72,062	-	$86,300	$50	$5	35%	$55	*<=200%*
	E	$86,301	-	or above	Full Charge based on Services - Precio Completo basado en los Servicios			$147	*>200%*
7	A	$0	-	$48,650	$20	$1	55%	$35	*<=100%*
	B	$48,651		$67,137	$30	$2	45%	$45	*<=138%*
	C	$67,138	-	$81,246	$40	$3	40%	$50	*<=167%*
	D	$81,247	-	$97,300	$50	$5	35%	$55	*<=200%*
	E	$97,301	-	or above	Full Charge based on Services - Precio Completo basado en los Servicios			$147	*>200%*
8	A	$0	-	$54,150	$20	$1	55%	$35	*<=100%*
	B	$54,151		$74,727	$30	$2	45%	$45	*<=138%*
	C	$74,728	-	$90,431	$40	$3	40%	$50	*<=167%*
	D	$90,432	-	$108,300	$50	$5	35%	$55	*<=200%*
	E	$108,301	-	or above	Full Charge based on Services - Precio Completo basado en los Servicios			$147	*>200%*
9	A	$0	-	$9,650	$20	$1	55%	$35	*<=100%*
	B	$9,651		$13,317	$30	$2	45%	$45	*<=138%*
	C	$13,318	-	$16,116	$40	$3	40%	$50	*<=167%*
	D	$16,117	-	$19,300	$50	$5	35%	$55	*<=200%*
	E	$19,301	-	or above	Full Charge based on Services - Precio Completo basado en los Servicios			$147	*>200%*
10	A	$0	-	$65,150	$20	$1	55%	$35	*<=100%*
	B	$65,151		$89,907	$30	$2	45%	$45	*<=138%*
	C	$89,908	-	$108,801	$40	$3	40%	$50	*<=167%*
	D	$108,802	-	$130,300	$50	$5	35%	$55	*<=200%*
	E	$130,301	-	or above	Full Charge based on Services - Precio Completo basado en los Servicios			$147	*>200%*

PILLARS COMMUNITY HEALTH 7/1/2025
DENTAL SLIDING SCALE EFFECTIVE

		Sliding Scale Level					
		Full	**A**	**B**	**C**	**D**	**E**
	Exams and Cleanings						
Adult New Patient	First Visit Exam and X-Rays	**$99**	**$35**	**$45**	**$50**	**$55**	**$99**
Child New Patient	First Visit Exam, X-Rays, Cleaning and Fluoride Treatment	**$99**	**$35**	**$45**	**$50**	**$55**	**$99**
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**	**$147**
D0001	Treatment Plan Initiated	**$0**					
D0005	Completed Sealants	**$0**					
D0120	Periodic exam - established patient	**$54**					
D0140	Oral Evaluation Problem Focused	**$90**					
D0145	Oral Evaluation Patient <3 yrs	**$84**					
D0150	Comprehensive Exam New or Established	**$95**					
D0190	Treatment Plan Completed	**$0**					
D0191	Hygiene Plan Completed	**$0**					
D1110	Prophylaxis-Adult	**$98**					
D1120	Prophylaxis-Child	**$68**					
D1206	Top Fluoride Varnish	**$46**					
D1330	Oral Hygiene Instructions	**$0**					
D0210	Interoral Complete Series	**$151**					
D0220	Interoral Priapical First Image	**$30**					
D0230	Interoral Each Additional	**$27**					
D0270	Bitewing Single Image	**$30**					
D0272	Bitewing Two Images	**$47**					
D0273	Bitewing Three Images	**$58**					
D0274	Bitewing Four Images	**$67**					
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**					

PILLARS COMMUNITY HEALTH

DENTAL SLIDING SCALE(PERIDONTAL AND RESTORATIVE) EFFECTIVE 7/1/2025

Established Patient		Sliding Scale Level					
	Peridontal Work per Quadrant	Charge	A	B	C	D	E
D4341	Prd SC & RT PL 4 or more teeth per quadrant	$252	$50	$55	$58	$60	$252
D4342	Prd SC & RT PL 1-3	$146	$50	$55	$58	$60	$146
*D4346	Scalng Gngival Inflamm Full Mounth Aftr Oral Eval	$146	$50	$55	$58	$60	$146
D4355	Full mouth Debrid to Enable Comp Evaluation and DX	$173	$50	$55	$58	$60	$173
D4910	Peridontal Mainteance	$155	$50	$55	$58	$60	$155

*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					
	Restorative Work	Charge	A	B	C	D	E
	Discount % off Full Fees		55%	45%	40%	35%	0%
D1351	Sealant - Per tooth PROTECTIVE COATING PLACED ON THE GROOVES OF MOLARS	$60	$27	$33	$36	$39	$60
D1354	Interim Caries Arresting Med Applic LIQUID SILVER DIAMINE FLUORIDE APPLIED DIRECTLY TO A TOOTH OR ROOT SURFACE THAT EXHIBITS A CAVITY	$60	$27	$33	$36	$39	$60
D2330	Resin-Based Composite One Surface Anterior TOOTH COLORED FILLING PLACED ON ONE SURFACE OF UPPER OR LOWER ANTERIOR TEETH	$162	$73	$89	$97	$105	$162
D2331	Resin-Based Composite Two Surfaces Anterior TOOTH COLORED FILLING PLACED ON FRONT TEETH	$207	$93	$114	$124	$135	$207
D2332	Resin-Based Composite Three Surfaces Anterior TOOTH COLORED FILLING PLACED FRONT TEETH	$254	$114	$140	$152	$165	$254
D2335	Resin-Based Composite 4>Surfaces Incisal Angel TOOTH COLORED FILLING PLACED ON FRONT TEETH	$300	$135	$165	$180	$195	$300
D2391	Resin-Based Composite One Surface Posterior TOOTH COLORED FILLING PLACED ON POSTERIOR OR BACK TEETH SUCH AS PREMOLARS AND MOLAR	$190	$86	$105	$114	$124	$190
D2392	Resin-Based Composite Two Surfaces Posterior TOOTH COLORED FILLING PLACED ON POSTERIOR OR BACK TEETH SUCH AS PREMOLARS AND MOLAR	$249	$112	$137	$149	$162	$249
D2393	Resin-Based Composite Three Surfaces Posterior	$309	$139	$170	$185	$201	$309
D2394	Resin Compos-Four or More Surfaces Posterior TOOTH COLORED FILLING PLACED ON POSTERIOR OR BACK TEETH SUCH AS PREMOLARS AND MOLARS	$378	$170	$208	$227	$246	$378
D2930	Prefabricated crown for primary tooth TOOTH COLORED FILLING PLACED ON POSTERIOR OR BACK TEETH SUCH AS PREMOLARS AND MOLARS	$306	$138	$168	$184	$199	$306
D2940	Protective Restoration TEMPORARY FILLING PLACED ON ANY TOOTH PRIMARY OR PERMANENT	$117	$53	$64	$70	$76	$117
D3220	Tx Pulp-Remv pulp coronal dentinceme ROOT CANAL OR NERVE TREATMENT ON A PRIMARY OR BABY TOOTH. ALSO,REFERRED TO AS A BABY ROOT CANAL	$230	$104	$127	$138	$150	$230
D7140	Extraction Erupted Tooth or Exposed Root EXTRACTION OR REMOVAL OF A TOOTH OR ROOT THAT IS ERUPTED. SIMPLE EXTRACTION	$198	$89	$109	$119	$129	$198
D7210	Surg Removal Erupted Tooth Remv Bone Elev Flap SURGICAL EXTRACTION	$302	$136	$166	$181	$196	$302
D8090	Comp Orthodontic Tx Adult Dentition BRACES, BRACKETS	$0	$0	$0	$0	$0	$0
D9430	Office Visit Observation No Other Srvc Performed	$0	$0	$0	$0	$0	$0
*D6199	Restoring an Implant Crown						

*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)

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

APPROVALS:

Committee approval: Maya Gavrilovic (Jun 2, 2025 09:43 CDT) Date: 06/02/2025

Approved by the Board duly enacted motion on May 20th, 2025.

Board Secretary: Nina Duenas Date: 06/02/2025

Nina Duenas (Jun 2, 2025 10:36 CDT)