

SLIDING FEE DISCOUNT SCALE - DENTAL SERVICES									
FEDERAL POVERTY GUIDELINES 2026									
DISCOUNT COLUMN	A		B		C		D		E
Family Size	From	To	From	To	From	To	From	To	Over
1	\$0	\$15,960	\$15,961	\$22,025	\$22,026	\$23,940	\$23,941	\$31,920	\$31,921
2	\$0	\$21,640	\$21,641	\$29,863	\$29,864	\$32,460	\$32,461	\$43,280	\$43,281
3	\$0	\$27,320	\$27,321	\$37,702	\$37,703	\$40,980	\$40,981	\$54,640	\$54,641
4	\$0	\$33,000	\$33,001	\$45,540	\$45,541	\$49,500	\$49,501	\$66,000	\$66,001
5	\$0	\$38,680	\$38,681	\$53,378	\$53,379	\$58,020	\$58,021	\$77,360	\$77,361
6	\$0	\$44,360	\$44,361	\$61,217	\$61,218	\$66,540	\$66,541	\$88,720	\$88,721
7	\$0	\$50,040	\$50,041	\$69,055	\$69,056	\$75,060	\$75,061	\$100,080	\$100,081
8	\$0	\$55,720	\$55,721	\$76,894	\$76,895	\$83,580	\$83,581	\$111,440	\$111,441
9	\$0	\$61,400	\$61,401	\$84,732	\$84,733	\$92,100	\$92,101	\$122,800	\$122,801
10	\$0	\$67,080	\$67,081	\$92,570	\$92,571	\$100,620	\$100,621	\$134,160	\$134,161
Each Additional Person	\$5,680		\$7,838		\$8,520		\$11,360		\$11,360
Poverty Level	0 to 100% Poverty		101% to 138% Poverty		139% to 150% Poverty		151% to 200% Poverty		Over 200%
Percentage of Discount to be Billed to Patient Charges (or Flat Rates)	\$30.00 Flat Nominal Fee for Yellow 75% Discount for Red 70% Discount for Green 65% Discount for White *100% Discount for Emergency Exam		50% Discount for Yellow 70% Discount for Red 65% Discount for Green 60% Discount for White *100% Discount for Emergency Exam		40% Discount for Yellow 60% Discount for Red 50% Discount for Green 45% Discount for White *100% Discount for Emergency Exam		30% Discount for Yellow 50% Discount for Red 40% Discount for Green 40% Discount for White *\$40 Flat Rate for Emergency Exam		Pay 100% of Visit Cost

❖ Sliding Fee Scale:	<ul style="list-style-type: none"> Patients are assigned to appropriate Sliding Fee Scale Level. Patients are expected to pay according to their Sliding Fee Scale where each procedure will be charged with the appropriate Sliding Fee Discounts. Patients classified under Column A will only be charged a total the Flat Nominal Fee for all YELLOW procedures, any additional procedures will be charged additionally according to the Sliding Fee Scale. * Patients seen for an Emergency Exam will receive distinct rates according to the Sliding Fee Scale for procedures identified as Emergency Procedures, any additional non-Emergency Procedures will be charged additionally according to the Sliding Fee Scale.
❖ Medi-Cal Patients:	<ul style="list-style-type: none"> For those with full-scope dental coverage, procedures covered are listed in the Medi-Cal manual. For those with emergency/pregnancy coverage, follow list of limited services. Need to refer to Medi-Cal Guidelines to determine whether patient meets the requirement for procedure to be covered by Medi-Cal. Patients are assigned to the Sliding Fee Scale for procedures that are not covered.
❖ MAI:	<ul style="list-style-type: none"> Need to meet income, residency, and medical status requirements. Check eligibility in Case Watch. Can cover services not covered by Medi-Cal.