



# Discount Eligibility Scales 2025

Monthly						
	A scale	B Scale	C Scale	D Scale	E Scale	RH Scale
	See Fixed Fee Chart	See Fixed Fee Chart	See Fixed Fee Chart	See Fixed Fee Chart	See Fixed Fee Chart	No charge until over 250% FPL if enrolled in the Reproductive Health Program
	Up to 100% FPL	101% - 125% FPL	126% - 150% FPL	151% - 200% FPL	More than 200% FPL	250% FPL
1	1,304.16	1,630.20	1,956.25	2,608.33	More than 2,608.33	Up to 3,260.41
2	1,762.50	2,203.12	2,643.75	3,525.00	More than 3,525.00	Up to 4,406.25
3	2,220.83	2,776.04	3,331.25	4,441.66	More than 4,441.66	Up to 5,552.08
4	2,679.16	3,348.95	4,018.75	5,358.33	More than 5,358.33	Up to 6,697.91
5	3,137.50	3,921.87	4,706.25	6,275.00	More than 6,275.00	Up to 7,843.75
6	3,595.83	4,494.79	5,393.75	7,191.66	More than 7,191.66	Up to 8,989.58
7	4,054.16	5,067.70	6,081.25	8,108.33	More than 8,108.33	Up to 10,135.41
8	4,512.50	5,640.62	6,768.75	9,025.00	More than 9,025.00	Up to 11,281.25
Additional	+ 458	+ 573	+ 688	+ 917	+ 917	+ 1146
Annual						
	A scale	B Scale	C Scale	D Scale	E Scale	RH Scale
	See Fixed Fee Chart	See Fixed Fee Chart	See Fixed Fee Chart	See Fixed Fee Chart	See Fixed Fee Chart	No charge until over 250% FPL if enrolled in the Reproductive Health Program
	Up to 100% FPL	101% - 125% FPL	126% - 150% FPL	151% - 200% FPL	More than 200% FPL	250% FPL
1	15,650.00	19,562.00	23,475.00	31,300.00	More than 31,300.00	Up to 39,125.00
2	21,150.00	26,437.50	31,725.00	42,300.00	More than 40,880.00	Up to 52,875.00
3	26,650.00	33,312.50	39,975.00	53,300.00	More than 53,300.00	Up to 66,625.00
4	32,150.00	40,187.50	48,225.00	64,300.00	More than 64,300.00	Up to 80,375.00
5	37,650.00	47,062.50	56,475.00	75,300.00	More than 75,300.00	Up to 94,125.00
6	43,150.00	53,937.50	64,725.00	86,300.00	More than 86,300.00	Up to 107,875.00
7	48,650.00	60,812.50	72,975.00	97,300.00	More than 97,300.00	Up to 121,625.00
8	54,150.00	67,687.50	81,225.00	108,300.00	More than 108,300.00	Up to 135,375.00
Additional	+ 5500	+ 6875	+ 8250	+ 11,000	+ 11,001	+ 13,750



# Discount Eligibility Scales 2025

Services	A scale	B Scale	C Scale	D Scale	E Scale	RH Scale
Repro Health Visit (Not enrolled in Fund)	\$0	\$5	\$10	\$20	\$30	Patient Pays Full Fee
Behavioral Health	\$5	\$10	\$20	\$30	Patient Pays Full Fee	No Charge until 250%, if enrolled in the Reproductive Access Fund
Telemedicine	\$10	\$20	\$30	\$40		
Medical Clinical Pharmacy	\$20	\$30	\$65	\$100		
Dental Preventative	\$40	\$50	\$85	\$110	Patient Pays Full Fee + Lab Fee	Not applicable for dental visits
Dental Restorative	\$50	\$80	\$100	\$140		
Endodontics	\$150	\$250	\$350	\$450		
Occlusal Guards	\$50 + lab fee	\$120	\$230	\$340		
Space Maintenance	\$50 + lab fee	\$120	\$240	\$360		
Dental Fixed Prosthodontics	\$50 + lab fee	\$250	\$500	\$750		
Dental Removable Prosthodontics	\$50 + lab fee	\$290	\$580	\$870		
Laboratory Repairs	\$50 + lab fee	\$50	\$80	\$120		

## Income and Family Size

Number of people living in your household: 3

Use the number of persons who live in the same household and who share income, food and rent. That number may include you, your spouse or partner, and any dependents. Do not include roommates.

Estimated household income: \$2,592  Monthly  Yearly

Include wages from work, unemployment, alimony and child support, Social Security checks, cash public assistance, and any other monetary assistance. Do not include housing vouchers and food stamps.

Monthly						
A scale	B Scale	C Scale	D Scale	E Scale	RH Scale	
See Fixed Fee Chart	See Fixed Fee Chart	See Fixed Fee Chart	See Fixed Fee Chart	See Fixed Fee Chart	No charge until over 250% FPL if enrolled in the Reproductive Health Program	
Up to 100% FPL	101% - 125% FPL	126% - 150% FPL	151% - 200% FPL	More than 200% FPL	250% FPL	
1 1,255.00	1,568.75	1,882.50	2,510.00	More than \$2,510.00	Up to 3,137.50	
2 1,703.33	2,129.17	2,689.58	3,406.67	More than \$3,406.67	Up to 4,258.33	
3 2,151.67	2,689.58	3,406.67	4,303.33	More than \$4,303.33	Up to 5,379.17	
4 2,600.00	3,250.00	3,900.00	5,200.00	More than \$5,200.00	Up to 6,500.00	
5 3,048.33	3,810.42	4,572.50	6,096.67	More than \$6,096.67	Up to 7,620.83	
6 3,496.67	4,370.83	5,245.00	6,993.33	More than \$6,993.33	Up to 8,741.67	

If the number is higher than the number in one column, move up to the next column.

Find the two scales the number fits between and the patient scale is the higher scale