



## Compass Health Sliding Fee Category Determination Chart

Good Thru January 31, 2021 [or unless otherwise updated by Department of Health and Human Services]

Sliding Fee Category	A		B		C		D		Full Fee										
	0 - 100% of FPL		101 - 135% of FPL		136 - 165% of FPL		166 - 200% of FPL												
Family Size	Monthly Income	Yearly Income	Monthly Income	Yearly Income	Monthly Income	Yearly Income	Monthly Income	Yearly Income	<b>Note:</b> Monthly & Yearly Incomes That are Above the Limits in Slide Category D are Ineligible for the sliding fee scale program and are charged the full amount of standard fees. If paid in full on the DOS pts are eligible to pay Same Day Discount (SDD).										
1	\$0 - \$1,063	\$0 - \$12,760	\$1,064 - \$1,436	\$12,761 - \$17,226	\$1,437 - \$1,755	\$17,227 - \$21,054	\$1,756 - \$2,127	\$21,055 - \$25,520											
2	\$0 - \$1,437	\$0 - \$17,240	\$1,438 - \$1,940	\$17,241 - \$23,274	\$1,941 - \$2,371	\$23,275 - \$28,446	\$2,372 - \$2,873	\$28,447 - \$34,480											
3	\$0 - \$1,810	\$0 - \$21,720	\$1,811 - \$2,444	\$21,721 - \$29,322	\$2,445 - \$2,987	\$29,323 - \$35,838	\$2,988 - \$3,620	\$35,839 - \$43,440											
4	\$0 - \$2,183	\$0 - \$26,200	\$2,184 - \$2,948	\$26,201 - \$35,370	\$2,949 - \$3,603	\$35,371 - \$43,230	\$3,604 - \$4,367	\$43,231 - \$52,400											
5	\$0 - \$2,557	\$0 - \$30,680	\$2,558 - \$3,452	\$30,681 - \$41,418	\$3,453 - \$4,219	\$41,419 - \$50,622	\$4,220 - \$5,113	\$50,623 - \$61,360											
6	\$0 - \$2,930	\$0 - \$35,160	\$2,931 - \$3,956	\$35,161 - \$47,466	\$3,957 - \$4,835	\$47,467 - \$58,014	\$4,836 - \$5,860	\$58,015 - \$70,320											
7	\$0 - \$3,303	\$0 - \$39,640	\$3,304 - \$4,460	\$39,641 - \$53,514	\$4,461 - \$5,451	\$53,515 - \$65,406	\$5,452 - \$6,607	\$65,407 - \$79,280											
8	\$0 - \$3,677	\$0 - \$44,120	\$3,678 - \$4,964	\$44,121 - \$59,562	\$4,965 - \$6,067	\$59,563 - \$72,798	\$6,068 - \$7,353	\$72,799 - \$88,240											
<b>Each additional person add</b>		\$373		\$4,481		\$6,048		\$7,392											

  

Primary Care	A	B	C	D	Ineligible for Discount
		\$20 co-pay - Plus 50% of Standard Fees	\$30 co-pay - Plus 50% of Standard Fees	\$40 co-pay - Plus 65% of Standard Fees	\$50 co-pay - Plus 65% of Standard Fees
Co-pay includes the office visit, labs, and a limited number of other ancillary services / **Well Woman Exam - Pap test are included in co-pay Full Fee Patients are charged for all office procedures and labs / Full Fee Patients will pay for an Intermediate (Level 3) office visit or SDD. Patients may have additional charges after the office visit based on the Fee Ticket completed by the Medical Provider. Patients will be notified of additional charges prior to any procedure and/or labs.					New Pt. -varies, SDD \$130 Est. Pt. - varies, SDD \$70 Preventative new/est-FF charge varies, SDD \$90

  

Dental Care	A	B	C	D	Ineligible for Discount
		\$20 co-pay - Plus 50% of Standard Fees	\$30 co-pay - Plus 50% of Standard Fees	\$40 co-pay - Plus 65% of Standard Fees	\$50 co-pay - Plus 65% of Standard Fees

  

Behavioral Health	Service Provided	A	B	C	D	Full Fee (FF)	Same Day Discount (SDD)
		General Therapy/Psych	\$30	\$40	\$50	\$60	\$132-263 (varies)
	Group Therapy	\$10	\$20	\$30	\$40	\$52	\$45
	Psychiatric Evaluation	\$60	\$80	\$100	\$120	\$303	\$140
	Psychological Testing	\$30	\$40	\$50	\$60	\$204	\$70
	Adult EIP (4 week program)*	\$40	\$64	\$80	\$104	\$240	\$180
	Early Intervention Screening**	\$10	\$16	\$20	\$26	\$60	\$45
	SUD Residential Adult*	\$40	\$64	\$84	\$102	\$730	\$143
	SUD Partial Hospitalization*	\$33	\$53	\$69	\$84	\$206	\$118
	SUD Intensive Outpatient*	\$26	\$37	\$46	\$55	\$145	\$77

\* Per Day Rate

\*\* Adult Early Intervention Program screening must be paid at time of service. Pay as you go up front.

Note: Update green yearly income column with FPL and rest of columns will calculate.