



## Compass Health Sliding Fee Category Determination Chart

**Good Thru January 31, 2020** [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		201% of FPL & Over		
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 - \$1,041	\$0 - \$12,490	\$1,042 - \$1,405	\$12,491 - \$16,862	\$1,406 - \$1,717	\$16,863 - \$20,609	\$1,718 - \$2,082	\$20,610 - \$24,980			
2	\$0 - \$1,409	\$0 - \$16,910	\$1,410 - \$1,902	\$16,911 - \$22,829	\$1,903 - \$2,325	\$22,830 - \$27,902	\$2,326 - \$2,818	\$27,903 - \$33,820			
3	\$0 - \$1,778	\$0 - \$21,330	\$1,779 - \$2,400	\$21,331 - \$28,796	\$2,401 - \$2,933	\$28,797 - \$35,195	\$2,934 - \$3,555	\$35,196 - \$42,660			
4	\$0 - \$2,146	\$0 - \$25,750	\$2,147 - \$2,897	\$25,751 - \$34,763	\$2,898 - \$3,541	\$34,764 - \$42,488	\$3,542 - \$4,292	\$42,489 - \$51,500			
5	\$0 - \$2,514	\$0 - \$30,170	\$2,515 - \$3,394	\$30,171 - \$40,730	\$3,395 - \$4,148	\$40,731 - \$49,781	\$4,149 - \$5,028	\$49,782 - \$60,340			
6	\$0 - \$2,883	\$0 - \$34,590	\$2,884 - \$3,891	\$34,591 - \$46,697	\$3,892 - \$4,756	\$46,698 - \$57,074	\$4,757 - \$5,765	\$57,075 - \$69,180			
7	\$0 - \$3,251	\$0 - \$39,010	\$3,252 - \$4,389	\$39,011 - \$52,664	\$4,390 - \$5,364	\$52,665 - \$64,367	\$5,365 - \$6,502	\$64,368 - \$78,020			
8	\$0 - \$3,619	\$0 - \$43,430	\$3,620 - \$4,886	\$43,431 - \$58,631	\$4,887 - \$5,972	\$58,632 - \$71,660	\$5,973 - \$7,238	\$71,661 - \$86,860			
Each additional person add	\$368	\$4,420	\$497	\$4,421	\$5,967	\$608	\$5,968	\$7,293	\$737	\$7,294	\$8,840

  

Primary Care	A	B	C	D	Ineligible for Discount
	\$20 co-pay	\$30 co-pay	\$40 co-pay	\$50 co-pay	Standard Fees
Co-pay includes the office visit and a limited number of services and labs / **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. The patient may have additional charges after the office visit based on the final Fee Ticket completed by the Medical Provider. Patients will be notified of additional charges prior to any procedures and/or labs / Payment Plans are available					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	FF charge varies SDD \$100 exam/X-rays plus 80% of Standard Fees

  

Behavioral Health	Service Provided	A	B	C	D	Full Fee	Same Day Discount (FF)
	Therapy Evaluation	\$30	\$40	\$50	\$60	\$240	\$90
	Individual Therapy	\$30	\$40	\$50	\$60	\$120 to \$240 (varies)	\$70
	Group Therapy	\$10	\$20	\$30	\$40	\$60	\$45
	Psychiatric Evaluation	\$60	\$80	\$100	\$120	\$320	\$140
	Follow Up Psychiatry Visit	\$30	\$40	\$50	\$60	\$98 to \$182 (varies)	\$70
	PSYHXEVAL	\$30	\$40	\$50	\$60	\$240	\$90
	PSYTESTING	\$30	\$40	\$50	\$60	\$210	\$70

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