



Compass Health Sliding Fee Category Determination Chart

Good Thru January 31, 2023 [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			
1	\$0 - \$1,133	\$0 - \$13,590	\$1,134 - \$1,529	\$13,591 - \$18,347	\$1,530 - \$1,869	\$18,348 - \$22,424	\$1,870 - \$2,265	\$22,425 - \$27,180	Note: 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).		
2	\$0 - \$1,526	\$0 - \$18,310	\$1,527 - \$2,060	\$18,311 - \$24,719	\$2,061 - \$2,518	\$24,720 - \$30,212	\$2,519 - \$3,052	\$30,213 - \$36,620			
3	\$0 - \$1,919	\$0 - \$23,030	\$1,920 - \$2,591	\$23,031 - \$31,091	\$2,592 - \$3,167	\$31,092 - \$38,000	\$3,168 - \$3,838	\$38,001 - \$46,060			
4	\$0 - \$2,313	\$0 - \$27,750	\$2,314 - \$3,122	\$27,751 - \$37,463	\$3,123 - \$3,816	\$37,464 - \$45,788	\$3,817 - \$4,625	\$45,789 - \$55,500			
5	\$0 - \$2,706	\$0 - \$32,470	\$2,707 - \$3,653	\$32,471 - \$43,835	\$3,654 - \$4,465	\$43,836 - \$53,576	\$4,466 - \$5,412	\$53,577 - \$64,940			
6	\$0 - \$3,099	\$0 - \$37,190	\$3,100 - \$4,184	\$37,191 - \$50,207	\$4,185 - \$5,114	\$50,208 - \$61,364	\$5,115 - \$6,198	\$61,365 - \$74,380			
7	\$0 - \$3,493	\$0 - \$41,910	\$3,494 - \$4,715	\$41,911 - \$56,579	\$4,716 - \$5,763	\$56,580 - \$69,152	\$5,764 - \$6,985	\$69,153 - \$83,820			
8	\$0 - \$3,886	\$0 - \$46,630	\$3,887 - \$5,246	\$46,631 - \$62,951	\$5,247 - \$6,412	\$62,952 - \$76,940	\$6,413 - \$7,772	\$76,941 - \$93,260			
Each additional person add	\$393	\$4,720	\$531	\$4,721	\$6,372	\$649	\$6,373	\$7,788		\$787	\$7,789

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, labs, and all other ancillary services / **Well Woman Exam - Pap test are included in co-pay Flu and Pneumo vaccination only visits to be slid on separate scale - See medical sliding fee schedule by CPT for details Full Fee patients are charge fee schedule rates for all office visits, procedures and labs Full Fee patients may have additional charges after the office visit based on the Fee Ticket completed by the medical provider. Full Fee 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 \$100

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
	Co-Pay includes examination and x-rays. Charges for additional procedures are slid based on % of charges. Certain additional procedures shall charged to patients on a nominal fee structure (rather than % of charge) - See dental sliding fee schedule by CPT for details				

Behavioral Health	Service Provided	A	B	C	D	Full Fee (FF)	Same Day Discount (SDD)
		Therapy Eval/Individual	\$30	\$40	\$50	\$60	\$150-\$300 (varies)
	Group Therapy	\$10	\$20	\$30	\$40	\$58	\$45
	Psychiatric Evaluation	\$60	\$80	\$100	\$120	\$367	\$140
	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	\$842	\$143
	SUD Partial Hospitization*	\$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.