



Compass Health Sliding Fee Category Determination Chart

Good Thru January 31, 2024 [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	201% of FPL & Over				
1	\$0 - \$1,215	\$0 - \$14,580	\$1,216 - \$1,640	\$14,581 - \$19,683	\$1,641 - \$2,005	\$19,684 - \$24,057	\$2,006 - \$2,430	\$24,058 - \$29,160	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 - \$1,643	\$0 - \$19,720	\$1,644 - \$2,219	\$19,721 - \$26,622	\$2,220 - \$2,712	\$26,623 - \$32,538	\$2,713 - \$3,287	\$32,539 - \$39,440					
3	\$0 - \$2,072	\$0 - \$24,860	\$2,073 - \$2,797	\$24,861 - \$33,561	\$2,798 - \$3,418	\$33,562 - \$41,019	\$3,419 - \$4,143	\$41,020 - \$49,720					
4	\$0 - \$2,500	\$0 - \$30,000	\$2,501 - \$3,375	\$30,001 - \$40,500	\$3,376 - \$4,125	\$40,501 - \$49,500	\$4,126 - \$5,000	\$49,501 - \$60,000					
5	\$0 - \$2,928	\$0 - \$35,140	\$2,929 - \$3,953	\$35,141 - \$47,439	\$3,954 - \$4,832	\$47,440 - \$57,981	\$4,833 - \$5,857	\$57,982 - \$70,280					
6	\$0 - \$3,357	\$0 - \$40,280	\$3,358 - \$4,532	\$40,281 - \$54,378	\$4,533 - \$5,539	\$54,379 - \$66,462	\$5,540 - \$6,713	\$66,463 - \$80,560					
7	\$0 - \$3,785	\$0 - \$45,420	\$3,786 - \$5,110	\$45,421 - \$61,317	\$5,111 - \$6,245	\$61,318 - \$74,943	\$6,246 - \$7,570	\$74,944 - \$90,840					
8	\$0 - \$4,213	\$0 - \$50,560	\$4,214 - \$5,688	\$50,561 - \$68,256	\$5,689 - \$6,952	\$68,257 - \$83,424	\$6,953 - \$8,427	\$83,425 - \$101,120					
Each additional person add		\$428		\$5,140	\$578	\$5,141	\$6,939	\$707		\$6,940	\$8,481	\$857	\$8,482

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 (vaccinations, minor procedures, x-rays etc.) **Well Woman Exam - Pap tests 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 charged fee schedule rates for all office visits, procedures and labs Full Fee patients may have additional charges after the office visit is finalized by the medical provider Full Fee patients will be notified of additional charges prior to any procedure and/or labs.					New Pt. -varies, SDD \$140 Est. Pt. - varies, SDD \$85 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 \$120 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 be 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	\$163-\$326 (varies)
	Group Therapy	\$10	\$20	\$30	\$40	\$63	\$50
	Psychiatric Evaluation	\$60	\$80	\$100	\$120	\$214-\$564 (varies)	\$170
	Psychiatry Follow Up	\$30	\$40	\$50	\$60	\$138-\$409 (varies)	\$100
	SUD Residential Adult*	\$40	\$64	\$84	\$102	\$842	\$143
	SUD Residential Youth*	\$48	\$77	\$100	\$122	\$989	\$172
	SUD Partial Hospitalization*	\$33	\$53	\$69	\$84	\$222	\$118
	SUD Intensive Outpatient*	\$26	\$37	\$46	\$55	\$157	\$77

* Per Day Rate

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