



Compass Health Sliding Fee Category Determination Chart

Good Thru January 31, 2025 [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 - \$1,255 | \$0 - \$15,060 | \$1,256 - \$1,694 | \$15,061 - \$20,331 | \$1,695 - \$2,071 | \$20,332 - \$24,849 | \$2,072 - \$2,510 | \$24,850 - \$30,120 | 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 - \$1,703 | \$0 - \$20,440 | \$1,704 - \$2,300 | \$20,441 - \$27,594 | \$2,301 - \$2,811 | \$27,595 - \$33,726 | \$2,812 - \$3,407 | \$33,727 - \$40,880 | | | |
| 3 | \$0 - \$2,152 | \$0 - \$25,820 | \$2,153 - \$2,905 | \$25,821 - \$34,857 | \$2,906 - \$3,550 | \$34,858 - \$42,603 | \$3,551 - \$4,303 | \$42,604 - \$51,640 | | | |
| 4 | \$0 - \$2,600 | \$0 - \$31,200 | \$2,601 - \$3,510 | \$31,201 - \$42,120 | \$3,511 - \$4,290 | \$42,121 - \$51,480 | \$4,291 - \$5,200 | \$51,481 - \$62,400 | | | |
| 5 | \$0 - \$3,048 | \$0 - \$36,580 | \$3,049 - \$4,115 | \$36,581 - \$49,383 | \$4,116 - \$5,030 | \$49,384 - \$60,357 | \$5,031 - \$6,097 | \$60,358 - \$73,160 | | | |
| 6 | \$0 - \$3,497 | \$0 - \$41,960 | \$3,498 - \$4,721 | \$41,961 - \$56,646 | \$4,722 - \$5,770 | \$56,647 - \$69,234 | \$5,771 - \$6,993 | \$69,235 - \$83,920 | | | |
| 7 | \$0 - \$3,945 | \$0 - \$47,340 | \$3,946 - \$5,326 | \$47,341 - \$63,909 | \$5,327 - \$6,509 | \$63,910 - \$78,111 | \$6,510 - \$7,890 | \$78,112 - \$94,680 | | | |
| 8 | \$0 - \$4,393 | \$0 - \$52,720 | \$4,394 - \$5,931 | \$52,721 - \$71,172 | \$5,932 - \$7,249 | \$71,173 - \$86,988 | \$7,250 - \$8,787 | \$86,989 - \$105,440 | | | |
| Each additional person add | \$448 | \$5,380 | \$605 | \$5,381 | \$7,263 | \$740 | \$7,264 | \$8,877 | | \$897 | \$8,878 |

| Primary Care | A | B | C | D | Ineligible for Discount |
|---|----------|----------|----------|----------|--|
| | \$20 Fee | \$30 Fee | \$40 Fee | \$50 Fee | Standard Fees |
| Fee includes the office visit, labs, and all other ancillary services (vaccinations, minor procedures, x-rays etc.) **Well Woman Exam - Pap tests are included in fee** 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 |
|--|----------|----------|----------|----------|---|
| | \$50 Fee | \$60 Fee | \$70 Fee | \$80 Fee | FF charge varies SDD \$160 exam/X-rays |
| Fee includes examination and x-rays. All dental services shall be charged to patients on a nominal fee structure. See Dental Sliding Fee Schedule by CPT for details. | | | | | |

| Behavioral Health | Service Provided | A | B | C | D | Full Fee (FF) | Same Day Discount (SDD) |
|-------------------|------------------------------|-------------|------|-------|-------|----------------------|-------------------------|
| | | Open Access | \$0 | \$5 | \$5 | \$5 | \$300 |
| | Therapy Eval/Individual | \$30 | \$40 | \$50 | \$60 | \$163-\$326 (varies) | \$90 |
| | 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.