

Compass Health Sliding Fee Category Determination Chart

Good Thru January 31, 2027 [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	<div>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).</div>		
1	\$0 - \$1,330	\$0 - \$15,960	\$1,331 - \$1,796	\$15,961 - \$21,546	\$1,797 - \$2,195	\$21,547 - \$26,334	\$2,196 - \$2,660	\$26,335 - \$31,920			
2	\$0 - \$1,803	\$0 - \$21,640	\$1,804 - \$2,435	\$21,641 - \$29,214	\$2,436 - \$2,976	\$29,215 - \$35,706	\$2,977 - \$3,607	\$35,707 - \$43,280			
3	\$0 - \$2,277	\$0 - \$27,320	\$2,278 - \$3,074	\$27,321 - \$36,882	\$3,075 - \$3,757	\$36,883 - \$45,078	\$3,758 - \$4,553	\$45,079 - \$54,640			
4	\$0 - \$2,750	\$0 - \$33,000	\$2,751 - \$3,713	\$33,001 - \$44,550	\$3,714 - \$4,538	\$44,551 - \$54,450	\$4,539 - \$5,500	\$54,451 - \$66,000			
5	\$0 - \$3,223	\$0 - \$38,680	\$3,224 - \$4,352	\$38,681 - \$52,218	\$4,353 - \$5,319	\$52,219 - \$63,822	\$5,320 - \$6,447	\$63,823 - \$77,360			
6	\$0 - \$3,697	\$0 - \$44,360	\$3,698 - \$4,991	\$44,361 - \$59,886	\$4,992 - \$6,100	\$59,887 - \$73,194	\$6,101 - \$7,393	\$73,195 - \$88,720			
7	\$0 - \$4,170	\$0 - \$50,040	\$4,171 - \$5,630	\$50,041 - \$67,554	\$5,631 - \$6,881	\$67,555 - \$82,566	\$6,882 - \$8,340	\$82,567 - \$100,080			
8	\$0 - \$4,643	\$0 - \$55,720	\$4,644 - \$6,269	\$55,721 - \$75,222	\$6,270 - \$7,662	\$75,223 - \$91,938	\$7,663 - \$9,287	\$91,939 - \$111,440			
Each additional person add											
	\$473	\$5,680	\$639	\$5,681	\$7,668	\$781	\$7,669	\$9,372	\$947	\$9,373	\$11,360

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 Pnuemo 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./Preventative. FF-varies, SDD \$180 Est. Pt./Preventative - FF varies, SDD \$110

Dental Care	A	B	C	D	Ineligible for Discount
	\$50 Fee	\$60 Fee	\$70 Fee	\$80 Fee	FF charge varies SDD Periodic Exam - \$75 SDD Limited Oral Evaluation, Problem Focused - \$120 SDD Comprehensive Oral Evaluation - \$160 SDD X- Rays – Add \$50
	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	\$313	\$25
	Therapy Eval/Individual	\$30	\$40	\$50	\$60	\$170-\$339 (varies)	\$120
	Group Therapy	\$10	\$20	\$30	\$40	\$67	\$60
	Psychiatric Evaluation	\$60	\$80	\$100	\$120	\$229-\$615 (varies)	\$250
	Psychiatry Follow Up	\$30	\$40	\$50	\$60	\$148-523 (varies)	\$130
	SUD Residential Adult*	\$40	\$64	\$84	\$102	\$937	\$143
	SUD Residential Youth*	\$48	\$77	\$100	\$122	\$1,019	\$172
	SUD Partial Hospitalization*	\$33	\$53	\$69	\$84	\$229	\$118
	SUD Intensive Outpatient*	\$26	\$37	\$46	\$55	\$161	\$77

* Per Day Rate

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