



**COMMWELL HEALTH  
SLIDING FEE DISCOUNT SCALE**

Effective 2/20/17

Household Size*	Eagle Care Tier A Annual Income	Eagle Care Tier B Annual Income	Eagle Care Tier C Annual Income	Eagle Care Tier D Annual Income	Eagle Care Tier E Annual Income	Eagle Care Tier F Annual Income
1	\$0 - \$ 12,060	\$ 12,061 - \$ 15,075	\$ 15,076 - \$ 18,090	\$ 18,091 - \$ 21,105	\$ 21,106 - \$ 24,120	\$ 24,121 - \$ 999,999
2	\$0 - \$ 16,240	\$ 16,241 - \$ 20,300	\$ 20,301 - \$ 24,360	\$ 24,361 - \$ 28,420	\$ 28,421 - \$ 32,480	\$ 32,481 - \$ 999,999
3	\$0 - \$ 20,420	\$ 20,421 - \$ 25,525	\$ 25,526 - \$ 30,630	\$ 30,631 - \$ 35,735	\$ 35,736 - \$ 40,840	\$ 40,841 - \$ 999,999
4	\$0 - \$ 24,600	\$ 24,601 - \$ 30,750	\$ 30,751 - \$ 36,900	\$ 36,901 - \$ 43,050	\$ 43,051 - \$ 49,200	\$ 49,201 - \$ 999,999
5	\$0 - \$ 28,780	\$ 28,781 - \$ 35,975	\$ 35,976 - \$ 43,170	\$ 43,171 - \$ 50,365	\$ 50,366 - \$ 57,560	\$ 57,561 - \$ 999,999
6	\$0 - \$ 32,960	\$ 32,961 - \$ 41,200	\$ 41,201 - \$ 49,440	\$ 49,441 - \$ 57,680	\$ 57,681 - \$ 65,920	\$ 65,921 - \$ 999,999
7	\$0 - \$ 37,140	\$ 37,141 - \$ 46,425	\$ 46,426 - \$ 55,710	\$ 55,711 - \$ 64,995	\$ 64,996 - \$ 74,280	\$ 74,281 - \$ 999,999
8	\$0 - \$ 41,320	\$ 41,321 - \$ 51,650	\$ 51,651 - \$ 61,980	\$ 61,981 - \$ 72,310	\$ 72,311 - \$ 82,640	\$ 82,641 - \$ 999,999

\*For each additional person, add: \$4,180 to the total income allowable at Slide Fee A

Basic Services	Nominal Fee	% Payment	% Payment	% Payment	% Payment	% Payment
Medical Nutrition Therapy	\$5	30% or \$6	45% or \$7	60% or \$8	85% or \$9	Full Pay
Medical Services	\$30	30% or \$31	45% or \$32	60% or \$33	85% or \$34	Full Pay
Behavioral Health Services	\$30	30% or \$31	45% or \$32	60% or \$33	85% or \$34	Full Pay
Dental Services	\$50	30% or \$51	45% or \$52	60% or \$53	85% or \$54	Full Pay
<b>Medical Ancillary Services (added to nominal fee)</b>						
Labs & Immunizations	\$7	\$8	\$9	\$10	\$11	Full Pay
X-Rays & Ultrasounds	\$10	\$12	\$14	\$16	\$18	Full Pay
<b>Dental Ancillary Services (added to nominal fee)</b>						
Repairs & Relines	\$100	30% or \$101	45% or \$102	60% or \$103	85% or \$104	Full Pay
Space Maintainer	\$110	30% or \$111	45% or \$112	60% or \$113	85% or \$114	Full Pay
Occlusal Guard	\$110	30% or \$111	45% or \$112	60% or \$113	85% or \$114	Full Pay
Crowns (each)	\$150	30% or \$151	45% or \$152	60% or \$153	85% or \$154	Full Pay
Bridges (per unit)	\$180	30% or \$181	45% or \$182	60% or \$183	85% or \$184	Full Pay
Dentures: Upper, Lower, & Partial	\$360	30% or \$361	45% or \$362	60% or \$363	85% or \$364	Full Pay
Valplast Dentures	\$500	30% or \$501	45% or \$502	60% or \$503	85% or \$504	Full Pay

Payment plan options are available as needed. Please see the front desk staff for more information.



## COMMWELL HEALTH

### Escala de Descuento

Effectiva 2/20/17

Cantidad de personas en el hogar*	Eagle Care Tier A Ingreso Anual	Eagle Care Tier B Ingreso Anual	Eagle Care Tier C Ingreso Anual	Eagle Care Tier D Ingreso Anual	Eagle Care Tier E Ingreso Anual	Eagle Care Tier F Ingreso Anual
1	\$0 - \$ 12,060	\$ 12,061 - \$ 15,075	\$ 15,076 - \$ 18,090	\$ 18,091 - \$ 21,105	\$ 21,106 - \$ 24,120	\$ 24,121 - \$ 999,999
2	\$0 - \$ 16,240	\$ 16,241 - \$ 20,300	\$ 20,301 - \$ 24,360	\$ 24,361 - \$ 28,420	\$ 28,421 - \$ 32,480	\$ 32,481 - \$ 999,999
3	\$0 - \$ 20,420	\$ 20,421 - \$ 25,525	\$ 25,526 - \$ 30,630	\$ 30,631 - \$ 35,735	\$ 35,736 - \$ 40,840	\$ 40,841 - \$ 999,999
4	\$0 - \$ 24,600	\$ 24,601 - \$ 30,750	\$ 30,751 - \$ 36,900	\$ 36,901 - \$ 43,050	\$ 43,051 - \$ 49,200	\$ 49,201 - \$ 999,999
5	\$0 - \$ 28,780	\$ 28,781 - \$ 35,975	\$ 35,976 - \$ 43,170	\$ 43,171 - \$ 50,365	\$ 50,366 - \$ 57,560	\$ 57,561 - \$ 999,999
6	\$0 - \$ 32,960	\$ 32,961 - \$ 41,200	\$ 41,201 - \$ 49,440	\$ 49,441 - \$ 57,680	\$ 57,681 - \$ 65,920	\$ 65,921 - \$ 999,999
7	\$0 - \$ 37,140	\$ 37,141 - \$ 46,425	\$ 46,426 - \$ 55,710	\$ 55,711 - \$ 64,995	\$ 64,996 - \$ 74,280	\$ 74,281 - \$ 999,999
8	\$0 - \$ 41,320	\$ 41,321 - \$ 51,650	\$ 51,651 - \$ 61,980	\$ 61,981 - \$ 72,310	\$ 72,311 - \$ 82,640	\$ 82,641 - \$ 999,999

\*Por cada persona adicional, agrega: \$4,180 al total del ingreso admisible para la Tarifa A

Basic Services	Cuota Nominal	% Pago	% Pago	% Pago	% Pago	% Pago
Terapia de Nutricion Medica	\$5	30% or \$6	45% or \$7	60% or \$8	85% or \$9	Pago Completo
Servicios Medico	\$30	30% or \$31	45% or \$32	60% or \$33	85% or \$34	Pago Completo
Servicios de Salud Mental	\$30	30% or \$31	45% or \$32	60% or \$33	85% or \$34	Pago Completo
Servicios Dentales	\$50	30% or \$51	45% or \$52	60% or \$53	85% or \$54	Pago Completo
<b>Servicios Medico auxiliares (agregado a la tasa nominal)</b>						
Laboratorios y vacunacion	\$7	\$8	\$9	\$10	\$11	Pago Completo
Rayos X y ultrasonido	\$10	\$12	\$14	\$16	\$18	Pago Completo
<b>Servicios Auxiliares dentales (agregado a la tasa nominal)</b>						
Reparaciones y Rebases	\$100	30% or \$101	45% or \$102	60% or \$103	85% or \$104	Pago Completo
Mantenedor de espacio	\$110	30% or \$111	45% or \$112	60% or \$113	85% or \$114	Pago Completo
Protector Odusal	\$110	30% or \$111	45% or \$112	60% or \$113	85% or \$114	Pago Completo
Corona (cada una)	\$150	30% or \$151	45% or \$152	60% or \$153	85% or \$154	Pago Completo
Puentes (por unidad)	\$180	30% or \$181	45% or \$182	60% or \$183	85% or \$184	Pago Completo
Dentadura: arriba, abago, y parciales	\$360	30% or \$361	45% or \$362	60% or \$363	85% or \$364	Pago Completo
Dentadura flexible	\$500	30% or \$501	45% or \$502	60% or \$503	85% or \$504	Pago Completo

Plan de pagos estan disponibles si son necesarios. Por favor pregunte a la recepcionista para mas informacion.



## COMMWELL HEALTH PHARMACY SLIDING FEE DISCOUNT SCALE

Effective 2/20/17

Slide Fee Discount Scale Level	A		B		C		D		E		F	
Household Size	Annual Income		Annual Income		Annual Income		Annual Income		Annual Income		Annual Income	
1	\$0	- \$ 12,060	\$ 12,061	- \$ 15,075	\$ 15,076	- \$ 18,090	\$ 18,091	- \$ 21,105	\$ 21,106	- \$ 24,120	\$ 24,121	- \$ 999,999
2	\$0	- \$ 16,240	\$ 16,241	- \$ 20,300	\$ 20,301	- \$ 24,360	\$ 24,361	- \$ 28,420	\$ 28,421	- \$ 32,480	\$ 32,481	- \$ 999,999
3	\$0	- \$ 20,420	\$ 20,421	- \$ 25,525	\$ 25,526	- \$ 30,630	\$ 30,631	- \$ 35,735	\$ 35,736	- \$ 40,840	\$ 40,841	- \$ 999,999
4	\$0	- \$ 24,600	\$ 24,601	- \$ 30,750	\$ 30,751	- \$ 36,900	\$ 36,901	- \$ 43,050	\$ 43,051	- \$ 49,200	\$ 49,201	- \$ 999,999
5	\$0	- \$ 28,780	\$ 28,781	- \$ 35,975	\$ 35,976	- \$ 43,170	\$ 43,171	- \$ 50,365	\$ 50,366	- \$ 57,560	\$ 57,561	- \$ 999,999
6	\$0	- \$ 32,960	\$ 32,961	- \$ 41,200	\$ 41,201	- \$ 49,440	\$ 49,441	- \$ 57,680	\$ 57,681	- \$ 65,920	\$ 65,921	- \$ 999,999
7	\$0	- \$ 37,140	\$ 37,141	- \$ 46,425	\$ 46,426	- \$ 55,710	\$ 55,711	- \$ 64,995	\$ 64,996	- \$ 74,280	\$ 74,281	- \$ 999,999
8	\$0	- \$ 41,320	\$ 41,321	- \$ 51,650	\$ 51,651	- \$ 61,980	\$ 61,981	- \$ 72,310	\$ 72,311	- \$ 82,640	\$ 82,641	- \$ 999,999

Pharmacy - Prescription Medications							
Tier 1	Nominal Charge	\$10	\$11	\$12	\$13	\$14	\$15
Tier 2	Nominal Charge	\$15	\$16	\$17	\$18	\$19	\$20
Tier 3	Nominal Charge	\$18	\$19	\$20	\$21	\$22	\$23
Tier 4	Nominal Charge	\$21	\$22	\$23	\$24	\$25	\$26
Tier 5	Nominal Charge	\$24	\$25	\$26	\$27	\$28	\$29
Tier 6	Nominal Charge	\$27	\$28	\$29	\$30	\$31	\$32
Tier 7	Nominal Charge	\$30	\$31	\$32	\$33	\$34	\$35
Tier 8	Nominal Charge	\$33	\$34	\$35	\$36	\$37	\$38
Tier 9	Nominal Charge	\$36	\$37	\$38	\$39	\$40	\$41
Tier 10	Nominal Charge	\$39	\$40	\$41	\$42	\$43	\$44
Tier 11	Nominal Charge	\$42	\$43	\$44	\$45	\$46	\$47
Tier 12	Nominal Charge	\$45	\$46	\$47	\$48	\$49	\$50
Tier 13	Nominal Charge	\$48	\$49	\$50	\$51	\$52	\$53
Tier 14	Nominal Charge	\$51	\$52	\$53	\$54	\$55	\$56
Tier 15	Nominal Charge	\$54	\$55	\$56	\$57	\$58	\$59
Tier 16	Nominal Charge	\$57	\$58	\$59	\$60	\$61	\$62
Tier 17	Nominal Charge	\$60	\$61	\$62	\$63	\$64	\$65
Tier 18	Nominal Charge	\$63	\$64	\$65	\$66	\$67	\$68
Tier 19	Nominal Charge	\$66	\$67	\$68	\$69	\$70	\$71
Tier 20	Nominal Charge	\$69	\$70	\$71	\$72	\$73	\$74
Tier 21	Nominal Charge	\$72	\$73	\$74	\$75	\$76	\$77
Tier 22	Nominal Charge	\$75	\$76	\$77	\$78	\$79	\$80

\*For each additional person, add: \$4,180 to the total income allowable at Slide Fee A

To find out which level of discount you qualify for, look up your family household size in the left column. Follow the line to the right until you reach your total annual income. This will determine which slide fee discount you qualify for.



**COMMWELL HEALTH**  
**SERVICIOS DE FARMACIA ESCALA DE TARIFA REDUCIDA**

Effective 2/20/17

Nivel de escala de Tarifa Reducida	A	B	C	D	E	F
Cantidad de personas en el hogar	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual
1	\$0 - \$ 12,060	\$ 12,061 - \$ 15,075	\$ 15,076 - \$ 18,090	\$ 18,091 - \$ 21,105	\$ 21,106 - \$ 24,120	\$ 24,121 - \$ 999,999
2	\$0 - \$ 16,240	\$ 16,241 - \$ 20,300	\$ 20,301 - \$ 24,360	\$ 24,361 - \$ 28,420	\$ 28,421 - \$ 32,480	\$ 32,481 - \$ 999,999
3	\$0 - \$ 20,420	\$ 20,421 - \$ 25,525	\$ 25,526 - \$ 30,630	\$ 30,631 - \$ 35,735	\$ 35,736 - \$ 40,840	\$ 40,841 - \$ 999,999
4	\$0 - \$ 24,600	\$ 24,601 - \$ 30,750	\$ 30,751 - \$ 36,900	\$ 36,901 - \$ 43,050	\$ 43,051 - \$ 49,200	\$ 49,201 - \$ 999,999
5	\$0 - \$ 28,780	\$ 28,781 - \$ 35,975	\$ 35,976 - \$ 43,170	\$ 43,171 - \$ 50,365	\$ 50,366 - \$ 57,560	\$ 57,561 - \$ 999,999
6	\$0 - \$ 32,960	\$ 32,961 - \$ 41,200	\$ 41,201 - \$ 49,440	\$ 49,441 - \$ 57,680	\$ 57,681 - \$ 65,920	\$ 65,921 - \$ 999,999
7	\$0 - \$ 37,140	\$ 37,141 - \$ 46,425	\$ 46,426 - \$ 55,710	\$ 55,711 - \$ 64,995	\$ 64,996 - \$ 74,280	\$ 74,281 - \$ 999,999
8	\$0 - \$ 41,320	\$ 41,321 - \$ 51,650	\$ 51,651 - \$ 61,980	\$ 61,981 - \$ 72,310	\$ 72,311 - \$ 82,640	\$ 82,641 - \$ 999,999

**Farmacia - Medicamentos Recetados**

Nivel 1	Cuota Nominal	\$10	\$11	\$12	\$13	\$14	\$15
Nivel 2	Cuota Nominal	\$15	\$16	\$17	\$18	\$19	\$20
Nivel 3	Cuota Nominal	\$18	\$19	\$20	\$21	\$22	\$23
Nivel 4	Cuota Nominal	\$21	\$22	\$23	\$24	\$25	\$26
Nivel 5	Cuota Nominal	\$24	\$25	\$26	\$27	\$28	\$29
Nivel 6	Cuota Nominal	\$27	\$28	\$29	\$30	\$31	\$32
Nivel 7	Cuota Nominal	\$30	\$31	\$32	\$33	\$34	\$35
Nivel 8	Cuota Nominal	\$33	\$34	\$35	\$36	\$37	\$38
Nivel 9	Cuota Nominal	\$36	\$37	\$38	\$39	\$40	\$41
Nivel 10	Cuota Nominal	\$39	\$40	\$41	\$42	\$43	\$44
Nivel 11	Cuota Nominal	\$42	\$43	\$44	\$45	\$46	\$47
Nivel 12	Cuota Nominal	\$45	\$46	\$47	\$48	\$49	\$50
Nivel 13	Cuota Nominal	\$48	\$49	\$50	\$51	\$52	\$53
Nivel 14	Cuota Nominal	\$51	\$52	\$53	\$54	\$55	\$56
Nivel 15	Cuota Nominal	\$54	\$55	\$56	\$57	\$58	\$59
Nivel 16	Cuota Nominal	\$57	\$58	\$59	\$60	\$61	\$62
Nivel 17	Cuota Nominal	\$60	\$61	\$62	\$63	\$64	\$65
Nivel 18	Cuota Nominal	\$63	\$64	\$65	\$66	\$67	\$68
Nivel 19	Cuota Nominal	\$66	\$67	\$68	\$69	\$70	\$71
Nivel 20	Cuota Nominal	\$69	\$70	\$71	\$72	\$73	\$74
Nivel 21	Cuota Nominal	\$72	\$73	\$74	\$75	\$76	\$77
Nivel 22	Cuota Nominal	\$75	\$76	\$77	\$78	\$79	\$80

\*Por cada persona adicional, agrega: \$4,180 al total del ingreso admisible para la Tarifa A

Para saber a cual nivel calificas, busca el numero de familia en la columna izquierda. Sigue la linea a la derecha hasta que llegues a tu ingreso Anual. Esto determinara para cual tarifa de descuento calificas.



**COMMWELL HEALTH**  
**RYAN WHITE SLIDING FEE DISCOUNT SCALE**

Effective 2/20/17

Slide Fee Discount Scale Level	A	B	C	D	E	F	G
Household Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$0 - \$ 12,060	\$ 12,061 - \$ 15,075	\$ 15,076 - \$ 18,090	\$ 18,091 - \$ 21,105	\$ 21,106 - \$ 24,120	\$ 24,121 - \$ 36,180	\$ 36,181 - \$ 999,999
2	\$0 - \$ 16,240	\$ 16,241 - \$ 20,300	\$ 20,301 - \$ 24,360	\$ 24,361 - \$ 28,420	\$ 28,421 - \$ 32,480	\$ 32,481 - \$ 48,720	\$ 48,721 - \$ 999,999
3	\$0 - \$ 20,420	\$ 20,421 - \$ 25,525	\$ 25,526 - \$ 30,630	\$ 30,631 - \$ 35,735	\$ 35,736 - \$ 40,840	\$ 40,841 - \$ 61,260	\$ 61,261 - \$ 999,999
4	\$0 - \$ 24,600	\$ 24,601 - \$ 30,750	\$ 30,751 - \$ 36,900	\$ 36,901 - \$ 43,050	\$ 43,051 - \$ 49,200	\$ 49,201 - \$ 73,800	\$ 73,801 - \$ 999,999
5	\$0 - \$ 28,780	\$ 28,781 - \$ 35,975	\$ 35,976 - \$ 43,170	\$ 43,171 - \$ 50,365	\$ 50,366 - \$ 57,560	\$ 57,561 - \$ 86,340	\$ 86,341 - \$ 999,999
6	\$0 - \$ 32,960	\$ 32,961 - \$ 41,200	\$ 41,201 - \$ 49,440	\$ 49,441 - \$ 57,680	\$ 57,681 - \$ 65,920	\$ 65,921 - \$ 98,880	\$ 98,881 - \$ 999,999
7	\$0 - \$ 37,140	\$ 37,141 - \$ 46,425	\$ 46,426 - \$ 55,710	\$ 55,711 - \$ 64,995	\$ 64,996 - \$ 74,280	\$ 74,281 - \$ 111,420	\$ 111,421 - \$ 999,999
8	\$0 - \$ 41,320	\$ 41,321 - \$ 51,650	\$ 51,651 - \$ 61,980	\$ 61,981 - \$ 72,310	\$ 72,311 - \$ 82,640	\$ 82,641 - \$ 123,960	\$ 123,961 - \$ 999,999
<b>RYAN WHITE SERVICES</b>							
Poverty level	0% < 100%	101% < 125%	126% < 150%	151% < 175%	176% < 200%	201% < 300%	> 300%
Nominal Charge	\$0	\$1	\$2	\$3	\$3	\$3	\$4
Maximum Annual Charges	0% of gross annual income	5% of gross annual income	5% of gross annual income	5% of gross annual income	5% of gross annual income	7% of gross annual income	10% of gross annual income

\*For each additional person, add: \$4,180 to the total income allowable at Slide Fee A

To find out which level of discount you qualify for, look up your family household size in the left column. Follow the line to the right until you reach your total annual income. This will determine which slide fee discount you qualify for.



**COMMWELL HEALTH  
RYAN WHITE ESCALA DE TARIFA REDUCIDA**

Effective 2/20/17

Nivel de escala de Tarifa Reducida	A	B	C	D	E	F	G
Cantidad de personas en el hogar	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual
1	\$0 - \$ 12,060	\$ 12,061 - \$ 15,075	\$ 15,076 - \$ 18,090	\$ 18,091 - \$ 21,105	\$ 21,106 - \$ 24,120	\$ 24,121 - \$ 36,180	\$ 36,181 - \$ 999,999
2	\$0 - \$ 16,240	\$ 16,241 - \$ 20,300	\$ 20,301 - \$ 24,360	\$ 24,361 - \$ 28,420	\$ 28,421 - \$ 32,480	\$ 32,481 - \$ 48,720	\$ 48,721 - \$ 999,999
3	\$0 - \$ 20,420	\$ 20,421 - \$ 25,525	\$ 25,526 - \$ 30,630	\$ 30,631 - \$ 35,735	\$ 35,736 - \$ 40,840	\$ 40,841 - \$ 61,260	\$ 61,261 - \$ 999,999
4	\$0 - \$ 24,600	\$ 24,601 - \$ 30,750	\$ 30,751 - \$ 36,900	\$ 36,901 - \$ 43,050	\$ 43,051 - \$ 49,200	\$ 49,201 - \$ 73,800	\$ 73,801 - \$ 999,999
5	\$0 - \$ 28,780	\$ 28,781 - \$ 35,975	\$ 35,976 - \$ 43,170	\$ 43,171 - \$ 50,365	\$ 50,366 - \$ 57,560	\$ 57,561 - \$ 86,340	\$ 86,341 - \$ 999,999
6	\$0 - \$ 32,960	\$ 32,961 - \$ 41,200	\$ 41,201 - \$ 49,440	\$ 49,441 - \$ 57,680	\$ 57,681 - \$ 65,920	\$ 65,921 - \$ 98,880	\$ 98,881 - \$ 999,999
7	\$0 - \$ 37,140	\$ 37,141 - \$ 46,425	\$ 46,426 - \$ 55,710	\$ 55,711 - \$ 64,995	\$ 64,996 - \$ 74,280	\$ 74,281 - \$ 111,420	\$ 111,421 - \$ 999,999
8	\$0 - \$ 41,320	\$ 41,321 - \$ 51,650	\$ 51,651 - \$ 61,980	\$ 61,981 - \$ 72,310	\$ 72,311 - \$ 82,640	\$ 82,641 - \$ 123,960	\$ 123,961 - \$ 999,999
<b>SERVICIOS DE RYAN WHITE</b>							
Nivel de pobreza	0% < 100%	101% < 125%	126% < 150%	151% < 175%	176% < 200%	201% < 300%	> 300%
Cuota Nominal	\$0	\$1	\$2	\$3	\$3	\$3	\$4
Cargos Maximos Anuales	0% ingresos total anual	5% ingresos total anual	5% ingresos total anual	5% ingresos total anual	5% ingresos total anual	7% ingresos total anual	10% ingresos total anual

\*Por cada persona adicional, agrega: \$4,180 al total del ingreso admisible para la Tarifa A

Para saber a cual nivel calificas, busca el numero de familia en la columna izquierda. Sigue la linea a la derecha hasta que llegues a tu ingreso Anual. Esto determinara para cual tarifa de descuento calificas.