



COMMWELL HEALTH
SLIDING FEE DISCOUNT SCALE

Effective 01/28/22

	Eagle Care Tier A	Eagle Care Tier B	Eagle Care Tier C	Eagle Care Tier D	Eagle Care Tier E	Eagle Care Tier F
Household Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$0 - \$ 13,590	\$ 13,591 - \$ 16,988	\$ 16,989 - \$ 20,385	\$ 20,386 - \$ 23,783	\$ 23,784 - \$ 27,180	\$ 27,181 - \$ 999,999
2	\$0 - \$ 18,310	\$ 18,311 - \$ 22,888	\$ 22,889 - \$ 27,465	\$ 27,466 - \$ 32,043	\$ 32,044 - \$ 36,620	\$ 36,621 - \$ 999,999
3	\$0 - \$ 23,030	\$ 23,031 - \$ 28,788	\$ 28,789 - \$ 34,545	\$ 34,546 - \$ 40,303	\$ 40,304 - \$ 46,060	\$ 46,061 - \$ 999,999
4	\$0 - \$ 27,750	\$ 27,751 - \$ 34,688	\$ 34,689 - \$ 41,625	\$ 41,626 - \$ 48,563	\$ 48,564 - \$ 55,500	\$ 55,501 - \$ 999,999
5	\$0 - \$ 32,470	\$ 32,471 - \$ 40,588	\$ 40,589 - \$ 48,705	\$ 48,706 - \$ 56,823	\$ 56,824 - \$ 64,940	\$ 64,941 - \$ 999,999
6	\$0 - \$ 37,190	\$ 37,191 - \$ 46,488	\$ 46,489 - \$ 55,785	\$ 55,786 - \$ 65,083	\$ 65,084 - \$ 74,380	\$ 74,381 - \$ 999,999
7	\$0 - \$ 41,910	\$ 41,911 - \$ 52,388	\$ 52,389 - \$ 62,865	\$ 62,866 - \$ 73,343	\$ 73,344 - \$ 83,820	\$ 83,821 - \$ 999,999
8	\$0 - \$ 46,630	\$ 46,631 - \$ 58,288	\$ 58,289 - \$ 69,945	\$ 69,946 - \$ 81,603	\$ 81,604 - \$ 93,260	\$ 93,261 - \$ 999,999
Medical Services	Nominal Fee	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount
Medical Services	\$40	\$50	\$60	\$70	\$80	Full Pay*
Labs & Immunizations	\$10	\$12	\$14	\$16	\$18	Full Pay*
X-Rays & Ultrasounds	\$15	\$20	\$25	\$30	\$35	Full Pay*
Contraceptive Devices - IUD/Implants	\$400	\$405	\$410	\$415	\$420	Full Pay*
Behavioral Health Services	Nominal Fee	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount
Behavioral Health Services	\$40	\$50	\$60	\$70	\$80	Full Pay*
Group Therapy	\$10	\$20	\$30	\$40	\$50	Full Pay*
Dental Services	Nominal Fee	% Payment	% Payment	% Payment	% Payment	Payment Amount
Dental Services-Preventative	\$65	76% or \$66	80% or \$67	83% or \$68	85% or \$69	Full Pay*
Dental Services-Restorative	\$100	57% or \$101	60% or \$102	70% or \$103	80% or \$104	Full Pay*
Endodontic Therapy	\$400	57% or \$401	60% or \$402	70% or \$403	80% or \$404	Full Pay*
Prosthodontics (lab fees additional)	\$250	57% or \$251	60% or \$252	70% or \$253	80% or \$254	Full Pay*

Fees are due at the time of service and based on household size and income. For people without insurance or very high deductibles, charges are based on a sliding fee scale as noted above.

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

No Show Fees of \$25 may be assessed for missed appointments or appointments cancelled with less than 24 hour notice. Returned Check fees will be assessed at \$25.



COMMWELL HEALTH

Escala de Descuento

Effectiva 01/28/22

	Eagle Care Nivel A	Eagle Care Nivel B	Eagle Care Nivel C	Eagle Care Nivel D	Eagle Care Nivel E	Eagle Care Nivel F
Cantidad de personas en el hogar*	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual	Ingreso Anual
1	\$0 - \$ 13,590	\$ 13,591 - \$ 16,988	\$ 16,989 - \$ 20,385	\$ 20,386 - \$ 23,783	\$ 23,784 - \$ 27,180	\$ 27,181 - \$ 999,999
2	\$0 - \$ 18,310	\$ 18,311 - \$ 22,888	\$ 22,889 - \$ 27,465	\$ 27,466 - \$ 32,043	\$ 32,044 - \$ 36,620	\$ 36,621 - \$ 999,999
3	\$0 - \$ 23,030	\$ 23,031 - \$ 28,788	\$ 28,789 - \$ 34,545	\$ 34,546 - \$ 40,303	\$ 40,304 - \$ 46,060	\$ 46,061 - \$ 999,999
4	\$0 - \$ 27,750	\$ 27,751 - \$ 34,688	\$ 34,689 - \$ 41,625	\$ 41,626 - \$ 48,563	\$ 48,564 - \$ 55,500	\$ 55,501 - \$ 999,999
5	\$0 - \$ 32,470	\$ 32,471 - \$ 40,588	\$ 40,589 - \$ 48,705	\$ 48,706 - \$ 56,823	\$ 56,824 - \$ 64,940	\$ 64,941 - \$ 999,999
6	\$0 - \$ 37,190	\$ 37,191 - \$ 46,488	\$ 46,489 - \$ 55,785	\$ 55,786 - \$ 65,083	\$ 65,084 - \$ 74,380	\$ 74,381 - \$ 999,999
7	\$0 - \$ 41,910	\$ 41,911 - \$ 52,388	\$ 52,389 - \$ 62,865	\$ 62,866 - \$ 73,343	\$ 73,344 - \$ 83,820	\$ 83,821 - \$ 999,999
8	\$0 - \$ 46,630	\$ 46,631 - \$ 58,288	\$ 58,289 - \$ 69,945	\$ 69,946 - \$ 81,603	\$ 81,604 - \$ 93,260	\$ 93,261 - \$ 999,999
Servicios Medico						
	Cuota Nominal	% Pago	% Pago	% Pago	% Pago	% Pago
Servicios Medico	\$40	\$50	\$60	\$70	\$80	Pago Completo*
Laboratorios y vacunacion	\$10	\$12	\$14	\$16	\$18	Pago Completo*
Rayos X y ultrasonido	\$15	\$20	\$25	\$30	\$35	Pago Completo*
Dispositivos anticonceptivos- contraceptivos/dispositivo intrauterine	\$400	\$405	\$410	\$415	\$420	Pago Completo*
Servicios de Salud Mental						
Servicios de Salud Mental	\$40	\$50	\$60	\$70	\$80	Pago Completo*
Terapia de grupo	\$10	\$20	\$30	\$40	\$50	Pago Completo*
Servicios Dentales						
Servicios Dentales (Preventivo)	\$65	76% or \$66	80% or \$67	83% or \$68	85% or \$69	Pago Completo*
Servicios Dentales (Tratamiento)	\$100	57% or \$101	60% or \$102	70% or \$103	80% or \$104	Pago Completo*
Endodoncia	\$400	57% or \$401	60% or \$402	70% or \$403	80% or \$404	Pago Completo*
Prostodoncia	\$250	57% or \$251	60% or \$252	70% or \$253	80% or \$254	Pago Completo*

Las tarifas se deben al momento del servicio y se basan en el tamaño del hogar y los ingresos. Para las personas sin seguro o deducibles muy altos, los cargos se basan en una escala de tarifas variable como se indicó anteriormente.
* Las opciones del plan de pago están disponibles según sea necesario. Consulte al personal de recepción para obtener más información.

Las cuotas de no presentación de \$ 25 se pueden evaluar por citas perdidas o citas canceladas con menos de 24 horas de anticipación. Las tarifas de cheques devueltos se evaluarán en \$ 25.
Los precios están sujetos a cambios sin previo aviso.



**COMMWELL HEALTH
PHARMACY SLIDING FEE DISCOUNT SCALE**

Effective 01/28/22

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	- \$ 13,590	\$ 13,591	- \$ 16,988	\$ 16,989	- \$ 20,385	\$ 20,386	- \$ 23,783	\$ 23,784	- \$ 27,180	\$ 27,181	- \$ 999,999
2	\$0	- \$ 18,310	\$ 18,311	- \$ 22,888	\$ 22,889	- \$ 27,465	\$ 27,466	- \$ 32,043	\$ 32,044	- \$ 36,620	\$ 36,621	- \$ 999,999
3	\$0	- \$ 23,030	\$ 23,031	- \$ 28,788	\$ 28,789	- \$ 34,545	\$ 34,546	- \$ 40,303	\$ 40,304	- \$ 46,060	\$ 46,061	- \$ 999,999
4	\$0	- \$ 27,750	\$ 27,751	- \$ 34,688	\$ 34,689	- \$ 41,625	\$ 41,626	- \$ 48,563	\$ 48,564	- \$ 55,500	\$ 55,501	- \$ 999,999
5	\$0	- \$ 32,470	\$ 32,471	- \$ 40,588	\$ 40,589	- \$ 48,705	\$ 48,706	- \$ 56,823	\$ 56,824	- \$ 64,940	\$ 64,941	- \$ 999,999
6	\$0	- \$ 37,190	\$ 37,191	- \$ 46,488	\$ 46,489	- \$ 55,785	\$ 55,786	- \$ 65,083	\$ 65,084	- \$ 74,380	\$ 74,381	- \$ 999,999
7	\$0	- \$ 41,910	\$ 41,911	- \$ 52,388	\$ 52,389	- \$ 62,865	\$ 62,866	- \$ 73,343	\$ 73,344	- \$ 83,820	\$ 83,821	- \$ 999,999
8	\$0	- \$ 46,630	\$ 46,631	- \$ 58,288	\$ 58,289	- \$ 69,945	\$ 69,946	- \$ 81,603	\$ 81,604	- \$ 93,260	\$ 93,261	- \$ 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

Eagle Meds - Postage Pricing							
Shipping (non-insulated) per package	Nominal Charge	\$10	\$11	\$12	\$13	\$14	\$15
Shipping (insulated) per package	Nominal Charge	\$50	\$51	\$52	\$53	\$54	\$55

*For each additional person, add: \$4,720 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.

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

Effective 01/28/22

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	- \$ 13,590	\$ 13,591	- \$ 16,988	\$ 16,989	- \$ 20,385	\$ 20,386	- \$ 23,783	\$ 23,784	- \$ 27,180	\$ 27,181	- \$ 999,999
2	\$0	- \$ 18,310	\$ 18,311	- \$ 22,888	\$ 22,889	- \$ 27,465	\$ 27,466	- \$ 32,043	\$ 32,044	- \$ 36,620	\$ 36,621	- \$ 999,999
3	\$0	- \$ 23,030	\$ 23,031	- \$ 28,788	\$ 28,789	- \$ 34,545	\$ 34,546	- \$ 40,303	\$ 40,304	- \$ 46,060	\$ 46,061	- \$ 999,999
4	\$0	- \$ 27,750	\$ 27,751	- \$ 34,688	\$ 34,689	- \$ 41,625	\$ 41,626	- \$ 48,563	\$ 48,564	- \$ 55,500	\$ 55,501	- \$ 999,999
5	\$0	- \$ 32,470	\$ 32,471	- \$ 40,588	\$ 40,589	- \$ 48,705	\$ 48,706	- \$ 56,823	\$ 56,824	- \$ 64,940	\$ 64,941	- \$ 999,999
6	\$0	- \$ 37,190	\$ 37,191	- \$ 46,488	\$ 46,489	- \$ 55,785	\$ 55,786	- \$ 65,083	\$ 65,084	- \$ 74,380	\$ 74,381	- \$ 999,999
7	\$0	- \$ 41,910	\$ 41,911	- \$ 52,388	\$ 52,389	- \$ 62,865	\$ 62,866	- \$ 73,343	\$ 73,344	- \$ 83,820	\$ 83,821	- \$ 999,999
8	\$0	- \$ 46,630	\$ 46,631	- \$ 58,288	\$ 58,289	- \$ 69,945	\$ 69,946	- \$ 81,603	\$ 81,604	- \$ 93,260	\$ 93,261	- \$ 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

Eagle Meds - Tarifas de Correo							
Envío por paquete sin aislamiento	Cuota Nominal	\$10	\$11	\$12	\$13	\$14	\$15
Envío por paquete con aislamiento	Cuota Nominal	\$50	\$51	\$52	\$53	\$54	\$55

*Por cada persona adicional, agrega: \$4,720 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 01/28/22

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 - \$ 13,590	\$ 13,591 - \$ 16,988	\$ 16,989 - \$ 20,385	\$ 20,386 - \$ 23,783	\$ 23,784 - \$ 27,180	\$ 27,181 - \$ 40,770	\$ 40,771 - \$ 999,999
2	\$0 - \$ 18,310	\$ 18,311 - \$ 22,888	\$ 22,889 - \$ 27,465	\$ 27,466 - \$ 32,043	\$ 32,044 - \$ 36,620	\$ 36,621 - \$ 54,930	\$ 54,931 - \$ 999,999
3	\$0 - \$ 23,030	\$ 23,031 - \$ 28,788	\$ 28,789 - \$ 34,545	\$ 34,546 - \$ 40,303	\$ 40,304 - \$ 46,060	\$ 46,061 - \$ 69,090	\$ 69,091 - \$ 999,999
4	\$0 - \$ 27,750	\$ 27,751 - \$ 34,688	\$ 34,689 - \$ 41,625	\$ 41,626 - \$ 48,563	\$ 48,564 - \$ 55,500	\$ 55,501 - \$ 83,250	\$ 83,251 - \$ 999,999
5	\$0 - \$ 32,470	\$ 32,471 - \$ 40,588	\$ 40,589 - \$ 48,705	\$ 48,706 - \$ 56,823	\$ 56,824 - \$ 64,940	\$ 64,941 - \$ 97,410	\$ 97,411 - \$ 999,999
6	\$0 - \$ 37,190	\$ 37,191 - \$ 46,488	\$ 46,489 - \$ 55,785	\$ 55,786 - \$ 65,083	\$ 65,084 - \$ 74,380	\$ 74,381 - \$ 111,570	\$ 111,571 - \$ 999,999
7	\$0 - \$ 41,910	\$ 41,911 - \$ 52,388	\$ 52,389 - \$ 62,865	\$ 62,866 - \$ 73,343	\$ 73,344 - \$ 83,820	\$ 83,821 - \$ 125,730	\$ 125,731 - \$ 999,999
8	\$0 - \$ 46,630	\$ 46,631 - \$ 58,288	\$ 58,289 - \$ 69,945	\$ 69,946 - \$ 81,603	\$ 81,604 - \$ 93,260	\$ 93,261 - \$ 139,890	\$ 139,891 - \$ 999,999
RYAN WHITE SERVICES							
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: \$4,720 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 01/28/22

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 - \$ 13,590	\$ 13,591 - \$ 16,988	\$ 16,989 - \$ 20,385	\$ 20,386 - \$ 23,783	\$ 23,784 - \$ 27,180	\$ 27,181 - \$ 40,770	\$ 40,771 - \$ 999,999
2	\$0 - \$ 18,310	\$ 18,311 - \$ 22,888	\$ 22,889 - \$ 27,465	\$ 27,466 - \$ 32,043	\$ 32,044 - \$ 36,620	\$ 36,621 - \$ 54,930	\$ 54,931 - \$ 999,999
3	\$0 - \$ 23,030	\$ 23,031 - \$ 28,788	\$ 28,789 - \$ 34,545	\$ 34,546 - \$ 40,303	\$ 40,304 - \$ 46,060	\$ 46,061 - \$ 69,090	\$ 69,091 - \$ 999,999
4	\$0 - \$ 27,750	\$ 27,751 - \$ 34,688	\$ 34,689 - \$ 41,625	\$ 41,626 - \$ 48,563	\$ 48,564 - \$ 55,500	\$ 55,501 - \$ 83,250	\$ 83,251 - \$ 999,999
5	\$0 - \$ 32,470	\$ 32,471 - \$ 40,588	\$ 40,589 - \$ 48,705	\$ 48,706 - \$ 56,823	\$ 56,824 - \$ 64,940	\$ 64,941 - \$ 97,410	\$ 97,411 - \$ 999,999
6	\$0 - \$ 37,190	\$ 37,191 - \$ 46,488	\$ 46,489 - \$ 55,785	\$ 55,786 - \$ 65,083	\$ 65,084 - \$ 74,380	\$ 74,381 - \$ 111,570	\$ 111,571 - \$ 999,999
7	\$0 - \$ 41,910	\$ 41,911 - \$ 52,388	\$ 52,389 - \$ 62,865	\$ 62,866 - \$ 73,343	\$ 73,344 - \$ 83,820	\$ 83,821 - \$ 125,730	\$ 125,731 - \$ 999,999
8	\$0 - \$ 46,630	\$ 46,631 - \$ 58,288	\$ 58,289 - \$ 69,945	\$ 69,946 - \$ 81,603	\$ 81,604 - \$ 93,260	\$ 93,261 - \$ 139,890	\$ 139,891 - \$ 999,999
SERVICIOS DE RYAN WHITE							
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: \$4,720 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.