

Ocean Health Initiatives

Sliding Fee Schedule

Based on 2026 Federal Poverty Guidelines (Revised)

All Services besides Dental, and Chiropractic

	A	B	C	D	E	F
Discount	100%	70%	65%	60%	60%	0%
Slide Amount	\$ 25	\$ 30	\$ 35	\$ 40	\$ 40	\$ 160
% Poverty	100%	101%-133%	134%-150%	151%-185%	186%-200%	201%-above
Family Size						
1	15,960	21,227	23,940	29,526	31,920	47,880
2	21,640	28,781	32,460	40,034	43,280	64,920
3	27,320	36,336	40,980	50,542	54,640	81,960
4	33,000	43,890	49,500	61,050	66,000	99,000
5	38,680	51,444	58,020	71,558	77,360	116,040
6	44,360	58,999	66,540	82,066	88,720	133,080
7	50,040	66,553	75,060	92,574	100,080	150,120
8	55,720	74,108	83,580	103,082	111,440	167,160

For Family units with more than 8 members, for each additional add \$5,680

* For a medical visit a patient pays a minimum a \$25 nominal fee



Dental Visit

	A	B	C	D	E	F
Discount	100%	45%	40%	40%	40%	0%
Slide Amount	\$ 45	\$ 50	\$ 55	\$ 60	\$ 60	\$ 160
% Poverty	100%	101%-133%	134%-150%	151%-185%	186%-200%	201%-above
Family Size						
1	15,960	21,227	23,940	29,526	31,920	47,880
2	21,640	28,781	32,460	40,034	43,280	64,920
3	27,320	36,336	40,980	50,542	54,640	81,960
4	33,000	43,890	49,500	61,050	66,000	99,000
5	38,680	51,444	58,020	71,558	77,360	116,040
6	44,360	58,999	66,540	82,066	88,720	133,080
7	50,040	66,553	75,060	92,574	100,080	150,120
8	55,720	74,108	83,580	103,082	111,440	167,160

For Family units with more than 8 members, for each additional add \$5,680

* For a dental visit a patient pays a minimum a \$45 nominal fee

Chiropractic and Optometry

	A	B	C	D	E	F
Discount	100%	70%	65%	60%	55%	0%
Slide Amount	\$ 40	\$ 45	\$ 50	\$ 55	\$ 55	\$ 160
3 Visit dicount	\$ 100	\$ 105	\$ 110	\$ 115	\$ 115	
% Poverty	100%	101%-133%	134%-150%	151%-185%	186%-200%	201%-above
Family Size						
1	15,960	21,227	23,940	29,526	31,920	47,880
2	21,640	28,781	32,460	40,034	43,280	64,920
3	27,320	36,336	40,980	50,542	54,640	81,960
4	33,000	43,890	49,500	61,050	66,000	99,000
5	38,680	51,444	58,020	71,558	77,360	116,040
6	44,360	58,999	66,540	82,066	88,720	133,080
7	50,040	66,553	75,060	92,574	100,080	150,120
8	55,720	74,108	83,580	103,082	111,440	167,160

For Family units with more than 8 members, for each additional add \$5,680

* For chiropractic and optometry visits a patient pays a minimum \$40 nominal fee