

CLCHC SLIDING SCALE FEE DISCOUNT SCHEDULE 2026

Federal Poverty Level Categories	0 -100%	101 - 133%	134 - 175%	176 - 200%	201%+
Scale Level	A	B	C	D	E
Medical	\$ 50	\$ 60	\$ 70	\$ 80	Full Price
Dental	\$ 50	40%	55%	70%	Full Price
Behavioral Health	\$ 10	\$ 20	\$ 35	\$ 50	Full Price

Family Size	A	B	C	D	E
	Annual Income at or below	Annual Income at or below	Annual Income at or below	Annual Income at or below	Annual Income at or above
1	\$15,960	\$21,227	\$28,090	\$31,920	\$31,920.01
2	\$21,640	\$28,781	\$38,086	\$43,280	\$43,280.01
3	\$27,320	\$36,336	\$48,083	\$54,640	\$54,640.01
4	\$33,000	\$43,890	\$58,080	\$66,000	\$66,000.01
5	\$38,680	\$51,444	\$68,077	\$77,360	\$77,360.01
6	\$44,360	\$58,999	\$78,074	\$88,720	\$88,720.01
7	\$50,040	\$66,553	\$88,070	\$100,080	\$100,080.01
8	\$55,720	\$74,108	\$98,067	\$111,440	\$111,440.01

Add \$5,680 For Each Additional Person

The Sliding Fee Discount Program is available to all CLCHC patients who qualify and apply. Income and household size determine your category A, B, C, D, or E. Once an income category is determined, all services are assigned the appropriate fee by the Patient Services Representative.

NO ONE WILL BE TURNED AWAY FOR LACK OF ABILITY TO PAY

Revised January 2026