Tulip Tree Family Health Care Medical and Dental Sliding Fee Scale - Effective 1/24/2022

Panoramic (D0150, D0274, D0330)								
Medical Medical Medical Medical Medical Medical Medical Medical		0-100%	101%	138%	139%	150%	151%	200%
Appointments		PLAN P	, ,		PLAN T		PLAN R	
Most Procedures if not covered in base fee, injections, vaccines. Nominal Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs, injections vaccines. Same Fee for all visit services. Only additional charges for labs value in particul		Medical			Medical		Medical	
Annual Income less than or equal to 1 1 1 1 1 1 1 1 1	Appointments	\$25.00	\$35.00		\$40.00		\$50.00	
Initial Routine Appt	covered in base fee,	additional charges for labs and	additional charges for labs,		additional charges for labs,		additional charges for labs,	
Same & X-Rays: Bitewings & Panoramic (D0150, D0274, D0330) S40.00		Dental	Der	ntal	Dental		Dental	
Most Other S40.00 S41.00 S44.00 S48.00 S48.00	Exam & X-Rays: Bitewings & Panoramic (D0150,	\$40.00	\$41.00		\$44.00		\$48.00	
Most Other Nominal \$40 for any dental visit inclusive, except prosthetics. 50% Discount/ 25% Dentures 50% Additional Discount/ 20% Dentures 50% Additional Discount/ 15% Dentures # in the household Annual Income less than or equal to Annual Income more than Annual Income less than or equal to Annual Income more than Annual Income less than or equal to Annual Income more than Annual Income less than or equal to Annual Income more than Annual Income less than or equal to Annual Income more than Annual Income more than Annual Income less than or equal to Annual Income more than Annual Income more than Annual Income more than Annual Income less than or equal to Annual Income more than Annual Income less than or equal to Annual Income less than or equal to Annual Income more than Annual Income more than Annual Income less than or equal to Annual Income more than Annual Income more than <td>Ŭ ,</td> <td>\$40.00</td> <td colspan="2">\$41.00</td> <td colspan="2">\$44.00</td> <td colspan="2">\$48.00</td>	Ŭ ,	\$40.00	\$41.00		\$44.00		\$48.00	
Annual Income less than or equal to than standard from than or equal to stan	•		50% Discount/ 25% Dentures		50% Additional Discount/ 20% Dentures		50% Additional Discount/ 15% Dentures	
2 \$18,310 \$25,268 \$25,268 \$27,465 \$36,620 3 \$23,030 \$23,030 \$31,781 \$34,545 \$34,545 \$46,060 4 \$27,750 \$27,750 \$38,295 \$38,295 \$41,625 \$41,625 \$55,500 5 \$32,470 \$32,470 \$44,809 \$44,809 \$48,705 \$48,705 \$64,940 6 \$37,190 \$37,190 \$51,322 \$55,785 \$55,785 \$74,380	# in the household	Annual Income less than or equal to						
3 \$23,030 \$31,781 \$31,781 \$34,545 \$46,060 4 \$27,750 \$27,750 \$38,295 \$38,295 \$41,625 \$55,500 5 \$32,470 \$32,470 \$44,809 \$44,809 \$48,705 \$48,705 \$64,940 6 \$37,190 \$37,190 \$51,322 \$51,322 \$55,785 \$55,785 \$74,380	1	\$13,590	\$13,590	\$18,754	\$18,754	\$20,385	\$20,385	\$27,180
4 \$27,750 \$27,750 \$38,295 \$38,295 \$41,625 \$55,500 5 \$32,470 \$32,470 \$44,809 \$44,809 \$48,705 \$48,705 \$64,940 6 \$37,190 \$37,190 \$51,322 \$55,785 \$55,785 \$74,380	2	\$18,310	\$18,310	\$25,268	\$25,268	\$27,465	\$27,465	\$36,620
5 \$32,470 \$32,470 \$44,809 \$44,809 \$48,705 \$64,940 6 \$37,190 \$37,190 \$51,322 \$55,785 \$55,785 \$74,380	3	\$23,030	\$23,030	\$31,781	\$31,781	\$34,545	\$34,545	\$46,060
6 \$37,190 \$37,190 \$51,322 \$51,322 \$55,785 \$55,785 \$74,380	4	\$27,750	\$27,750	\$38,295	\$38,295	\$41,625	\$41,625	\$55,500
	5	\$32,470	\$32,470	\$44,809	\$44,809	\$48,705	\$48,705	\$64,940
7 \$41,910 \$41,910 \$57,836 \$57,836 \$62,865 \$62,865 \$83,820	6	\$37,190	\$37,190	\$51,322	\$51,322	\$55,785	\$55,785	\$74,380
	7	\$41,910	\$41,910	\$57,836	\$57,836	\$62,865	\$62,865	\$83,820
8 \$46,630 \$46,630 \$64,349 \$64,349 \$69,945 \$69,945 \$93,260	8	\$46,630	\$46,630	\$64,349	\$64,349	\$69,945	\$69,945	\$93,260
For each addition person, add \$4,720 \$4,720 \$6,514 \$6,514 \$7,080 \$7,080 \$9,440		\$4,720	\$4,720	\$6,514	\$6,514	\$7,080	\$7,080	\$9,440

For each additional person in the household, at 100% and below FPL, add \$4,720 per additional member. These guidelines are issued annually by the US Department of Health and Human Services.