

**2026 Sliding Fee Schedule - Effective 2/1/26(Based Upon 2026 Federal Poverty Guidelines)**

Percentage of Federal Poverty Guidelines	ANNUAL NET INCOME											
	0	100%	101%-	125%	126%-	150%	151%-	175%	176%-	200%	Over 200%	Over 200%
Family Size	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
1	0	\$15,960	\$15,961	\$19,950	\$19,951	\$23,940	\$23,941	\$27,930	\$27,931	\$31,920	\$31,921	and over
2	0	\$21,640	\$21,641	\$27,050	\$27,051	\$32,460	\$32,461	\$37,870	\$37,871	\$43,280	\$43,281	and over
3	0	\$27,320	\$27,321	\$34,150	\$34,151	\$40,980	\$40,981	\$47,810	\$47,811	\$54,640	\$54,641	and over
4	0	\$33,000	\$33,001	\$41,250	\$41,251	\$49,500	\$49,501	\$57,750	\$57,751	\$66,000	\$66,001	and over
5	0	\$38,680	\$38,681	\$48,350	\$48,351	\$58,020	\$58,021	\$67,690	\$67,691	\$77,360	\$77,361	and over
6	0	\$44,360	\$44,361	\$55,450	\$55,451	\$66,540	\$66,541	\$77,630	\$77,631	\$88,720	\$88,721	and over
7	0	\$50,040	\$50,041	\$62,550	\$62,551	\$75,060	\$75,061	\$87,570	\$87,571	\$100,080	\$100,081	and over
8	0	\$55,720	\$55,721	\$69,650	\$69,651	\$83,580	\$83,581	\$97,510	\$97,511	\$111,440	\$111,441	and over
Each Additional	\$5680											

Percentage of Federal Poverty Guidelines	NET INCOME per MONTH											
	0	100%	101%-	125%	126%-	150%	151%-	175%	176%-	200%	Over 200%	Over 200%
Family Size	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
1	0	\$1,330	\$1,331	\$1,663	\$1,664	\$1,995	\$1,996	\$2,328	\$2,329	\$2,660	\$2,661	and over
2	0	\$1,803	\$1,804	\$2,254	\$2,255	\$2,705	\$2,706	\$3,156	\$3,157	\$3,607	\$3,608	and over
3	0	\$2,277	\$2,278	\$2,846	\$2,847	\$3,415	\$3,416	\$3,984	\$3,985	\$4,553	\$4,554	and over
4	0	\$2,750	\$2,751	\$3,437	\$3,438	\$4,125	\$4,126	\$4,812	\$4,813	\$5,500	\$5,501	and over
5	0	\$3,223	\$3,224	\$4,029	\$4,030	\$4,835	\$4,836	\$5,641	\$5,642	\$6,447	\$6,448	and over
6	0	\$3,697	\$3,698	\$4,621	\$4,622	\$5,545	\$5,546	\$6,469	\$6,470	\$7,393	\$7,394	and over
7	0	\$4,170	\$4,171	\$5,212	\$5,213	\$6,255	\$6,256	\$7,297	\$7,298	\$8,340	\$8,341	and over
8	0	\$4,643	\$4,644	\$5,804	\$5,805	\$6,965	\$6,966	\$8,126	\$8,127	\$9,287	\$9,288	and over
Each Additional	\$473.33											

MEDICAL/BEHAVIORAL HEALTH	A	B	C	D	E	F
per visit** See below	\$15	Pay 20% of Charges, 80% Discount	Pay 40% of Charges, 60% Discount	Pay 60% of Charges, 40% Discount	Pay 80% of Charges, 20% Discount	Full Fee
All services						
DENTAL	A	B	C	D	E	F
Diagnostic & Preventative	\$15	\$30	\$50	\$60	Full Fee	
Per visit						
Restorative, Endo & Major Restorative	\$40 per visit*	Pay 20% of Charges, 80% Discount	Pay 60% of Charges, 40% Discount	Pay 80% of Charges, 20% Discount	Full Fee	
PHARMACY	A	B	C	D	E	F
340B Acquisition Cost + Dispensing Fee Per Script	340B AC Cost + Dispensing Fee \$0	340B AC Cost + Disp Fee \$2.50	340B AC Cost + Disp Fee \$5.00	340B AC Cost + Disp Fee \$7.50	Full Fee	
PHYSICAL & OCCUP THERAPY / ST	A	B	C	D	E	F
PT/ OT/ST	\$15	\$25	\$35	\$45	Full Fee	
All services						

Updated 01/19/26 blk

\*\*TCC Collect the minimum of these amounts at each visit for Medical/BH. Advise patient's at 100% and above, they may get a bill for difference based on provider billings.

<b>Established Patients</b>	\$15.00	\$16.20	\$32.00	\$48.00	\$64.00	\$80.00
<b>NEW Patients</b>	\$15.00	\$19.20	\$38.40	\$57.60	\$76.80	\$96.00

### 2026 Sliding Fee Schedule- Effective 2/1/2026 (Based Upon the 2026 Federal Poverty Guidelines)

No charges for Chlamydia testing, HIV testing and counseling, Pregnancy testing and counseling, emergency contraception or condoms

		125%		150%		200%		250%				
Level/Category	Pay Code 0	Pay Code 1		Pay Code 2		Pay Code 3		Pay Code 4		Pay Code 5		
% Discount	100% discount	80% discount		60% discount		40% discount		20% discount		0% discount		
Family Size	% Poverty Level	≤ 100%		101%-125%		126%-150%		151%-200%		201%-250%		≥ 251%
	Period	From	To	From	To	From	To	From	To	From	To	
1	Year	0	15,960	15,961	19,950	19,951	23,940	23,941	31,920	31,921	39,900	39,901 ~
	Week	0	451	452	564	565	676	677	902	903	1,127	1,128 ~
	Bi-Weekly	0	902	903	1,127	1,128	1,353	1,354	1,803	1,804	2,254	2,255 ~
2	Month	0	1,803	1,804	2,254	2,255	2,705	2,706	3,607	3,608	4,508	4,509 ~
	Year	0	21,640	21,641	27,050	27,051	32,460	32,461	43,280	43,281	54,100	54,101 ~
	Week	0	569	570	711	712	854	855	1,138	1,139	1,423	1,424 ~
	Bi-Weekly	0	1,138	1,139	1,423	1,424	1,708	1,709	2,277	2,278	2,846	2,847 ~
3	Month	0	2,277	2,278	2,846	2,847	3,415	3,416	4,553	4,554	5,692	5,693 ~
	Year	0	27,320	27,321	34,150	34,151	40,980	40,981	54,640	54,641	68,300	68,301 ~
	Week	0	688	689	859	860	1,031	1,032	1,375	1,376	1,719	1,720 ~
	Bi-Weekly	0	1,375	1,376	1,719	1,720	2,063	2,064	2,750	2,751	3,438	3,439 ~
4	Month	0	2,750	2,751	3,438	3,439	4,125	4,126	5,500	5,501	6,875	6,876 ~
	Year	0	33,000	33,001	41,250	41,251	49,500	49,501	66,000	66,001	82,500	82,501 ~
	Week	0	806	807	1,007	1,008	1,209	1,210	1,612	1,613	2,015	2,016 ~
	Bi-Weekly	0	1,612	1,613	2,015	2,016	2,418	2,419	3,223	3,224	4,029	4,030 ~
5	Month	0	3,223	3,224	4,029	4,030	4,835	4,836	6,447	6,448	8,058	8,059 ~
	Year	0	38,680	38,681	48,350	48,351	58,020	58,021	77,360	77,361	96,700	96,701 ~
	Week	0	924	925	1,155	1,156	1,386	1,387	1,848	1,849	2,310	2,311 ~
	Bi-Weekly	0	1,848	1,849	2,310	2,311	2,773	2,774	3,697	3,698	4,621	4,622 ~
6	Month	0	3,697	3,698	4,621	4,622	5,545	5,546	7,393	7,394	9,242	9,243 ~
	Year	0	44,360	44,361	55,450	55,451	66,540	66,541	88,720	88,721	110,900	110,901 ~
	Week	0	1,043	1,044	1,303	1,304	1,564	1,565	2,085	2,086	2,606	2,607 ~
	Bi-Weekly	0	2,085	2,086	2,606	2,607	3,128	3,129	4,170	4,171	5,213	5,214 ~
7	Month	0	4,170	4,171	5,213	5,214	6,255	6,256	8,340	8,341	10,425	10,426 ~
	Year	0	50,040	50,041	62,550	62,551	75,060	75,061	100,080	100,081	125,100	125,101 ~
	Week	0	1,161	1,162	1,451	1,452	1,741	1,742	2,322	2,323	2,902	2,903 ~
	Bi-Weekly	0	2,322	2,323	2,902	2,903	3,483	3,484	4,643	4,644	5,804	5,805 ~
8	Month	0	4,643	4,644	5,804	5,805	6,965	6,966	9,287	9,288	11,608	11,609 ~
	Year	0	55,720	55,721	69,650	69,651	83,580	83,581	111,440	111,441	139,300	139,301 ~

All visit fees reflect the total cost of a visit for each patient. This cost includes all services provided (e.g. exam,labs, counseling, device insertion/removal, etc) as well as any associated supplies and/or devices

**FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$5,680 PER YEAR FOR EACH ADDITIONAL MEMBER**