


2024 - Sliding Fee Discount Scale

	Slide Level A Nominal Fee ¹	Slide Level B	Slide Level C	Slide Level D
	≤ 100% FPL	101% - 125% FPL	126% - 150% FPL	151% - 200% FPL
Medical/Behavioral Health/Optomtery Services				
A variety of services fall under this category including adult primary and behavioral care, child and adolescent care, optometry, addiction services, social services, and more.	\$20	\$25	\$30	\$40
Dental Tier 1				
Diagnostic and preventive care procedures including office visit, x-rays, oral evaluation, topical fluoride varnish, etc.	\$20	\$25	\$30	\$40
Dental Tier 2				
Restorative procedures available with an additional fee. Services include sedative filling (aka protective restoration), recement crown, and nitrous oxide.	\$25	\$30	\$35	\$40
Dental Tier 3				
Other dental services, including tooth extraction, scaling for gingivitis inflammation, and application of desensitizing medication, available for an additional fee.	\$40	\$50	\$60	\$70
Maximum Dental Fee				
To help minimize financial burden of dental services, a maximum fee is set for any combination of tiers 1, 2, and 3 for same-visit service.	\$85	\$105	\$125	\$150
<i>¹These are Board-approved nominal fees.</i>				
<i>Cherokee Health Systems acknowledges financial barriers exist above this cut off. Please speak to a patient services represensative to learn more about our flexible billing options. No patient will be denied services due to an inability to pay.</i>				



2024 Eligibility Criteria - CHS Sliding Scale Discount Program

Size of Family Unit	Annual Income Ranges											
	Slide Level A/Nominal Fee ≤ 100% FPL			Slide Level B 101% - 125% FPL			Slide Level C 126% - 150% FPL			Slide Level D 151% - 200% FPL		
1	\$0.00	-	\$ 15,060	\$15,061	-	\$18,825	\$ 18,826	-	\$22,590	\$ 22,591	-	\$ 30,120
2	\$0.00	-	\$ 20,440	\$20,441	-	\$25,550	\$ 25,551	-	\$30,660	\$ 30,661	-	\$ 40,880
3	\$0.00	-	\$ 25,820	\$25,821	-	\$32,275	\$ 32,276	-	\$38,730	\$ 38,731	-	\$ 51,640
4	\$0.00	-	\$ 31,200	\$31,201	-	\$39,000	\$ 39,001	-	\$46,800	\$ 46,801	-	\$ 62,400
5	\$0.00	-	\$ 36,580	\$36,581	-	\$45,725	\$ 45,726	-	\$54,870	\$ 54,871	-	\$ 73,160
6	\$0.00	-	\$ 41,960	\$41,961	-	\$52,450	\$ 52,451	-	\$62,940	\$ 62,941	-	\$ 83,920
7	\$0.00	-	\$ 47,340	\$47,341	-	\$59,175	\$ 59,176	-	\$71,010	\$ 71,011	-	\$ 94,680
8	\$0.00	-	\$ 52,720	\$52,721	-	\$65,900	\$ 65,901	-	\$79,080	\$ 79,081	-	\$105,440
For each additional person, add...	\$		5,380			\$ 6,725			\$ 8,070			\$ 10,760

Effective as of 2/7/2024 using 2024 Federal Poverty Guidelines

2024 Eligibility Criteria - CHS Sliding Scale Discount Program

Size of Family Unit	Monthly Income Ranges											
	Slide Level A/Nominal Fee ≤ 100% FPL			Slide Level B 101% - 125% FPL			Slide Level C 126% - 150% FPL			Slide Level D 151% - 200% FPL		
1	\$0.00	-	\$ 1,255	\$ 1,256	-	\$ 1,569	\$ 1,570	-	\$ 1,883	\$ 1,884	-	\$ 2,510
2	\$0.00	-	\$ 1,703	\$ 1,704	-	\$ 2,129	\$ 2,130	-	\$ 2,555	\$ 2,556	-	\$ 3,407
3	\$0.00	-	\$ 2,152	\$ 2,153	-	\$ 2,690	\$ 2,691	-	\$ 3,228	\$ 3,229	-	\$ 4,303
4	\$0.00	-	\$ 2,600	\$ 2,601	-	\$ 3,250	\$ 3,251	-	\$ 3,900	\$ 3,901	-	\$ 5,200
5	\$0.00	-	\$ 3,048	\$ 3,049	-	\$ 3,810	\$ 3,811	-	\$ 4,573	\$ 4,574	-	\$ 6,097
6	\$0.00	-	\$ 3,497	\$ 3,498	-	\$ 4,371	\$ 4,372	-	\$ 5,245	\$ 5,246	-	\$ 6,993
7	\$0.00	-	\$ 3,945	\$ 3,946	-	\$ 4,931	\$ 4,932	-	\$ 5,918	\$ 5,919	-	\$ 7,890
8	\$0.00	-	\$ 4,393	\$ 4,394	-	\$ 5,492	\$ 5,493	-	\$ 6,590	\$ 6,591	-	\$ 8,787
For each additional person, add...	\$		448			\$ 560			\$ 673			\$ 897

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