

East Liberty Family Health Care Center, Inc.

Sliding Fee Scale - Dental

(Based on Federal Register 2026 - Poverty Income Guidelines)

		Level 1	Level 2	Level 3	Level 4	Level 5
% of Federal Poverty Income Guidelines		<100% of Poverty Level	101% - 125%	126% - 150%	151% - 175%	176% - 200%
Family Size	Income Measure	Dental Nominal Fee \$35	Dental Nominal Fee \$35	Dental Nominal Fee \$35	Dental Nominal Fee \$35	Dental Nominal Fee \$35
		Visit Balance 100% Adjusted	Visit Balance 75% Adjusted	Visit Balance 50% Adjusted	Visit Balance 25% Adjusted	Visit Balance 0% Adjusted
1	Annual	\$0 - \$15,960	\$15,960 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920
2	Annual	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280
3	Annual	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$56,640
4	Annual	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$66,000
5	Annual	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360
6	Annual	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720
7	Annual	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080
8	Annual	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440
* each additional		+5,680-A	+7,100-A	+8,520-A	+9,940-A	+11,360-A

The Sliding Fee applies to all Services. All supplies are not included in the Sliding Fee

Basic Dental Services include:

Cleanings, X-Rays, Fillings, and Extractions. Supplies, such as crowns, teeth whitening and dentures are not included