CENTRAL NEIGHBORHOOD HEALTH FOUNDATION

SLIDING FEE DISCOUNT SCHEDULE 2026

Dental Health Self-Pay Discount Schedule Based on 2026 Federal Poverty Guidelines

	≤ 100%		> 100% ≤ 125%		> 125% ≤ 150%		> 150% ≤ 175%		> 175% ≤ 200%		> 200%
S/P Nominal	**$25 - Nominal ****		**Pay 20%**		**Pay 40%**		**Pay 60%**		**Pay 80%**		**No Discount**
Discount	0% - Slide A		80% - Slide B		60% - Slide C		40% - Slide D		20% - Slide E		100% - Full Fee
Family Size	Annual Income										
1	$0	$15,960	$15,961	$19,950	$19,951	$23,940	$23,941	$27,930	$27,931	$31,920	$31,921 and above
2	$0	$21,640	$21,641	$27,050	$27,051	$32,460	$32,461	$37,870	$37,871	$43,280	$43,281 and above
3	$0	$27,320	$27,321	$34,150	$34,151	$40,980	$40,981	$47,810	$47,811	$54,640	$54,6411 and above
4	$0	$33,000	$33,001	$41,250	$41,251	$49,500	$49,501	$57,750	$57,751	$66,000	$66,001 and above
5	$0	$38,360	$38,361	$48,350	$48,351	$58,020	$58,021	$67,690	$67,691	$77,360	$77,361 and above
6	$0	$44,360	$44,361	$55,450	$55,451	$66,540	$66,541	$77,630	$77,631	$88,720	$88,721 and above
7	$0	$50,040	$50,041	$62,550	$62,551	$75,060	$75,061	$87,570	$87,571	$100,080	$100,081 and above
8	$0	$55,720	$55,721	$69,650	$69,651	$83,580	$83,581	$97,510	$97,511	$111,440	$111,441 and above
For each additional person [add]	$5,680		$7,100		$8,520		$9,940		$11,360		$11,360

*Full Fee per procedure code was determined based on locally prevailing rates or charges and designed to cover reasonable cost of operation

** Nominal Fee is inclusive of office visit (new or established)

***Please note that many common dental procedures requires multiple visits- Nominal Charge is per visit and not by procedure/CDT.

****Preventative dental includes basic diagnostic exam screening, oral prophylaxis, topical application of fluorides and sealants.

*****No discounts are provided to patients over 200% of Federal Poverty Guidelines

***Based on 2026 Federal Poverty Guidelines published in the Federal Register January 2026**

https://aspe.hhs.gov

This Sliding Fee Schedule becomes applicable from the date of Board approval below until the date the Board approves the 2026 Sliding Fee Schedule.

_____ _____ Board of Directors, Chairperson Date

_____ _____ Chief Executive Officer Date