



MHHC SLIDING FEE DISCOUNTS 2026

SLIDE ELIGIBILITY		A 0% to 100%	B 101% to 125%	C 126% to 150%	D 151% to 175%	E 176% to 200%	F 201% +
Household Family Size	1	\$0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920	\$31,921 and over
Household Family Size	2	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280	\$43,281 and over
Household Family Size	3	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$54,640	\$54,641 and over
Household Family Size	4	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$66,000	\$66,001 and over
Household Family Size	5	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360	\$77,361 and over
Household Family Size	6	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720	\$88,721 and over
Household Family Size	7	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080	\$100,081 and over
Household Family Size	8	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440	\$111,441 and over
For each additional Member		\$5,680	\$7,100	\$8,520	\$9,940	\$11,360	\$14,200

GENERAL SERVICES	Nominal Fee	20%	40%	60%	80%	Max
Medical and Specialty	\$0	\$45	\$75	\$105	\$135	\$200
Behavioral Health	\$15	\$30	\$45	\$65	\$85	\$150
Physical Therapy	\$15	\$35	\$60	\$90	\$120	\$200
Radiology (In-House)	\$10	\$50	\$100	\$140	\$190	\$320
Laboratory (In-House)	\$10	\$15	\$20	\$40	\$50	\$80

For pharmacy, laboratory and radiology fees, please see front desk staff.

DENTAL SERVICES*	Nominal Fee	20%	40%	60%	80%	Max
Diagnostics	\$15	\$25	\$55	\$80	\$110	\$140
Preventative	\$15	\$20	\$30	\$50	\$60	\$165
Restorative	\$30	\$40	\$80	\$110	\$150	\$155
Endodontics	\$30	\$130	\$260	\$380	\$510	\$850
Periodontics	\$30	\$40	\$80	\$120	\$160	\$270
Prosthodontics	\$30	\$270	\$540	\$810	\$1,080	\$1,800
Oral and Maxillofacial Surgery	\$30	\$40	\$80	\$110	\$150	\$250
Adjunctive General	\$30	\$50	\$90	\$140	\$180	\$300

* For all dental procedures involving supplies and equipment, the cost of such supplies and equipment will be added to the fees.

** Fees above are based on the discount percentage of the full price in the applicable categories.

Revised 3/3/2026

Board Chair or Designee

Date