



MHHC SLIDING FEE DISCOUNTS 2024

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 - \$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121 and over
Household Family Size	2	\$0 - \$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881 and over
Household Family Size	3	\$0 - \$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641 and over
Household Family Size	4	\$0 - \$31,200	\$31,201 - \$39,000	\$39,001 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401 and over
Household Family Size	5	\$0 - \$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161 and over
Household Family Size	6	\$0 - \$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921 and over
Household Family Size	7	\$0 - \$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681 and over
Household Family Size	8	\$0 - \$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441 and over
For each additional Member		\$5,380	\$6,725	\$8,070	\$9,415	\$10,760	\$10,760

GENERAL SERVICES	Nominal Fee	20%	40%	60%	80%	Max
Medical and Specialty	\$0	\$30	\$55	\$85	\$115	\$145
Behavioral Health	\$3	\$20	\$30	\$50	\$60	\$80
Physical Therapy	\$3	\$20	\$45	\$80	\$105	\$130
Radiology (In-House)	\$3	\$50	\$100	\$140	\$190	\$320
Laboratory (In-House)	\$3	\$10	\$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.