

**FAMILY CIRCLE OF CARE  
SLIDING FEE SCALE  
2018 FPL GUIDELINES**

**Effective March 2018**

	<b>A</b>	<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>
<b>Discount</b>	<b>100%</b>	<b>&gt;100 to 150%</b>		<b>&gt;150 to 175%</b>		<b>&gt;175 to 200%</b>		<b>&gt;200%</b>
Number of Household	≤100	>100%	≤150%	>150%	≤175%	>175%	≤200%	>200%
1	\$12,140	12,141	\$18,210	\$18,211	\$21,245	\$21,246	\$24,280	\$24,281
2	\$16,460	16,461	\$24,690	\$24,690	\$28,805	\$28,806	\$32,920	\$32,921
3	\$20,780	20,781	\$31,170	\$31,170	\$36,365	\$36,366	\$41,560	\$41,561
4	\$25,100	25,101	\$37,650	\$37,650	\$43,925	\$43,926	\$50,200	\$50,201
5	\$29,420	29,421	\$44,130	\$44,130	\$51,485	\$51,486	\$58,840	\$58,841
6	\$33,740	33,741	\$50,610	\$50,610	\$59,045	\$59,046	\$67,480	\$67,481
7	\$38,060	38,061	\$57,090	\$57,090	\$66,605	\$66,606	\$76,120	\$76,121
8	\$42,380	42,381	\$63,570	\$63,570	\$74,165	\$74,166	\$84,760	\$84,761

For families/households with more than 8 persons add \$4,380 for each additional person.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>NO DISCOUNT</b>
<b>Copay</b>					
Provider Visit (with/without Procedure)	\$15 Nominal fee	\$20	\$25	\$30	Full charge
Send out/In house labs	0.00	\$5(qty-1) \$10(qty 2 or more)	\$7(qty-1) \$14(qty 2 or more)	\$10(qty-1) \$20(qty 2 or more)	Full charge
Inj/Vaccine	0.00	\$5	\$7	\$10	Full charge

Excluded DME, circumcisions, hospital and/or delivery charges.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Preventative Dental</b>	<b>100%</b>	<b>&gt;100 to 150%</b>	<b>&gt;150 to 175%</b>	<b>&gt;175 to 200%</b>	<b>&gt;200%</b>
Discount/Fee	\$15 Nominal fee	\$20	\$25	\$30	Full charge

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Dental-Specialty</b>	<b>100%</b>	<b>&gt;100 to 150%</b>	<b>&gt;150 to 175%</b>	<b>&gt;175 to 200%</b>	<b>&gt;200%</b>
Discount	\$40 nominal fee	75%	50%	25%	Full charge