

United Community Health Center - Maria Auxiliadora, Inc.
Sliding Fee Scale 2025
 Effective January 15, 2025

Monthly Income

Family Size	From 0%	To 100% FPL	From 101%	To 133% FPL	From 134%	To 167% FPL	From 168%	To 200% FPL	Over 200% FPL
1	0	1,304	1,305	1,735	1,736	2,178	2,179	2,608	2,609
2	0	1,763	1,764	2,344	2,345	2,943	2,944	3,525	3,526
3	0	2,221	2,222	2,954	2,955	3,709	3,710	4,442	4,443
4	0	2,679	2,680	3,563	3,564	4,474	4,475	5,358	5,359
5	0	3,138	3,139	4,173	4,174	5,240	5,241	6,275	6,276
6	0	3,596	3,597	4,782	4,783	6,005	6,006	7,192	7,193
7	0	4,054	4,055	5,392	5,393	6,770	6,771	8,108	8,109
8	0	4,513	4,514	6,002	6,003	7,536	7,537	9,025	9,026
9	0	4,971	4,972	6,611	6,612	8,301	8,302	9,942	9,943
10	0	5,429	5,430	7,221	7,222	9,067	9,068	10,858	10,859

Annual Income

Family Size	From 0%	To 100% FPL	From 101%	To 133% FPL	From 134%	To 167% FPL	From 168%	To 200% FPL	Over 200% FPL
1	0	15,650	15,651	20,815	20,816	26,136	26,137	31,300	31,301
2	0	21,150	21,151	28,130	28,131	35,321	35,322	42,300	42,301
3	0	26,650	26,651	35,445	35,446	44,506	44,507	53,300	53,301
4	0	32,150	32,151	42,760	42,761	53,691	53,692	64,300	64,301
5	0	37,650	37,651	50,075	50,076	62,876	62,877	75,300	75,301
6	0	43,150	43,151	57,390	57,391	72,061	72,062	86,300	86,301
7	0	48,650	48,651	64,705	64,706	81,246	81,247	97,300	97,301
8	0	54,150	54,151	72,020	72,021	90,431	90,432	108,300	108,301
9	0	59,650	59,651	79,335	79,336	99,616	99,617	119,300	119,301
10	0	65,150	65,151	86,650	86,651	108,801	108,802	130,300	130,301

	NOMINAL FEE (A)	TIER 2 (B)	TIER 3 (C)	TIER 4 (D)	
Medical Office Visit Covers all in-house labs, all in-office procedures, therapeutic injections and Allergy Injections.	\$25	\$35	\$45	\$55	No Sliding Fee Discount
Dental Patient pays percentage for all billed charges. Fees are based on Dental Fee Schedule.	\$25	35%	45%	55%	No Sliding Fee Discount
Behavioral Health Psych Evaluation Med Management Therapy	\$50 \$25 \$25	\$60 \$30 \$35	\$70 \$35 \$35	\$80 \$40 \$55	No Sliding Fee Discount
Outside Laboratory Fee covers all tests ordered on the same date (regardless of date of service). LabCorp is the only lab contracted to provide lab services for SFDP patients. Orders valid from UCHC providers ONLY.	\$35	\$45	\$55	\$65	No Sliding Fee Discount
Outside Radiology Fee is per each test ordered. SARA is the only radiology provider contracted to provide radiology services for SFDP patients. Orders valid from referral from UCHC providers ONLY. Payment MUST be received before referral is given to patient.	\$35	\$45	\$55	\$65	No Sliding Fee Discount
340B Pharmacy Pharmacy discounts for the 340B program are also available at participating: Avita, CVS, Fry's, Safeway, Walgreens, and Wal-mart. Prices may vary, please contact the pharmacy directly. Payments due to Pharmacy directly.	\$6	\$10 + Cost	\$14 + Cost	\$16 + Cost	No Sliding Fee Discount

Additional Services	
SFS Fees Regardless of Payor Category (*Not applicable for Over 200% FPL)	
Influenza	\$ 15.00
Influenza - High Dose	\$ 45.00
Pneumococcal	\$ 80.00
Pprevnar	\$ 90.00
Tetanus Booster	\$ 25.00
T-dap	\$ 25.00
TB Skin Test	\$ 13.00
Prothrombin (PT/INR)	\$ 5.00
Depo Provera	\$ 40.00
Liletta IUD	\$ 200.00
Nebulizer	\$ 45.00
COVID - Comirmaty	\$ 75.00
RSV - Abrysvo (60-64 yrs)	\$ 200.00