OPSAM HEALTH
Caring for the Community Since 1973

2026 SLIDING FEE SCALE
Federal Poverty Level
ANNUAL INCOME

Slide Scale:	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Gross Household Annual Income	**At or below 100% of FPL**	**At or below 125% of FPL**	**At or below 150% of FPL**	**At or below 175% of FPL**	**At or below 200% of FPL**	**Above 200% of FPL**
Family Size:						
1	$15,960	$19,950	$23,940	$27,930	$31,920	$32,080
2	$21,640	$27,050	$32,460	$37,870	$43,280	$43,496
3	$27,320	$34,150	$40,980	$47,810	$54,640	$54,913
4	$33,000	$41,250	$49,500	$57,750	$66,000	$66,330
5	$38,680	$48,350	$58,020	$67,690	$77,360	$77,747
6	$44,360	$55,450	$66,540	$77,630	$88,720	$89,164
7	$50,040	$62,550	$75,060	$87,570	$100,080	$100,580
8	$55,720	$69,650	$83,580	$97,510	$111,440	$111,997
Each additional family member	$5,680	$7,100	$8,520	$9,940	$11,360	$11,417

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COST OF PROCEDURE
MEDICAL/PSYCHOTHERAPY/DENTAL/CHIROPRACTIC/OPTOMETRY

Slide Scale:	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Medical Visit (exclude procedures) Medical Fee includes provider evaluation only. Procedures, non-state supplied vaccinations, point-of-care lab, and other supplies excluded. Applies to primary care, cardiology, endocrinology, psychiatry, and OB-GYN.	$35	$40	$45	$50	$55	Full Charge
Medical Procedures Medical procedures include but are not limited to colposcopy, pap smear, ear irrigation, sutures, EKG, Echocardiogram, vascular ultrasound, etc.	**40%**	**50%**	**60%**	**70%**	**80%**	**Full Charge**
Psychotherapy Visit Applies to services provided by psychologists, licensed social workers, and licensed marriage and family therapists.	$35	$40	$45	$50	$55	Full Charge
Dental Visit Basic emergency preventive and restorative evaluations only Excludes supplies and lab fees. Dental nominal fee includes basic services – Emergency, preventive, and restorative evaluation, and X-ray. Supplies and lab fees are provided at cost to the patient.	$45	$50	$55	$60	$65	Full Charge
Dental Procedures Dental procedures (i.e., root canals, dental prophylactics, bridges, partials, dentures, etc.) will be charged a percentage of the full charge. Supplies and lab fees are provided at cost to the patient.	**40%**	**50%**	**60%**	**70%**	**80%**	**Full Charge**
Chiropractic Visit	$35	$40	$45	$50	$55	Full Charge
Optometry Visit This includes routine and comprehensive eye examinations only. Eyeglasses and contact lenses are excluded.	$35	$40	$45	$50	$55	Full Charge