



FPL*	At or Below 100% of FPL	At or Below 101-133% of FPL	At or Below 134-166% of FPL	At or Below 166-199% of FPL	200% or Above of FPL
	A	B	C	D	E
Medical**	\$25	\$45	\$60	\$75	Full Price
Dental***	\$30	\$50	\$70	\$85	Full Price
Optometry***	\$30	\$50	\$70	\$85	Full Price
Behavioral Health	\$25	\$45	\$60	\$75	Full Price
Psychiatry	\$30	\$50	\$70	\$85	Full Price
Naturopathy	\$30	\$50	\$70	\$85	Full Price
Family Size	A	B	C	D	E
1	\$15,060.00	\$20,029.80	\$24,999.60	\$29,969.40	\$30,120.00
2	\$20,440.00	\$27,185.20	\$33,930.40	\$40,675.60	\$40,880.00
3	\$25,820.00	\$34,340.60	\$42,861.20	\$51,381.80	\$51,640.00
4	\$31,200.00	\$41,496.00	\$51,792.00	\$62,088.00	\$62,400.00
5	\$36,580.00	\$48,651.40	\$60,722.80	\$72,794.20	\$73,160.00
6	\$41,960.00	\$55,806.80	\$69,653.60	\$83,500.40	\$83,920.00
7	\$47,340.00	\$62,962.20	\$78,584.40	\$94,206.60	\$94,680.00
8	\$52,720.00	\$70,117.60	\$87,515.20	\$104,912.80	\$105,440.00

For families/households with more than 8 persons, add \$4,720 for each additional person.

* FPL indicates Federal Poverty Level.

** Includes CLIA waived lab test, but excludes send out lab costs (lab costs are significantly discounted amounts from market rates).

*** These services do not include Restorative Dental Services or eyeglasses and frames. These are charged at discounted rates which are below market rates.

Based on FPG published Jan 1, 2024.