

HealthNet Sliding Fee Discount Program
Income Eligibility Guidelines
Effective: March 1, 2020

		LEVEL A	LEVEL B	LEVEL C	LEVEL D	LEVEL E	LEVEL F
		NOMINAL FEE ONLY					
Medical		\$20 per visit	Fixed/Flat Fee of \$30 per visit	Fixed/Flat Fee of \$40 per visit	Fixed/Flat Fee of \$50 per visit	0% Discount	0% Discount
Dental		\$30 per visit	Fixed/Flat Fee of \$40 per visit	Fixed/Flat Fee of \$50 per visit	Fixed/Flat Fee of \$60 per visit	0% Discount	0% Discount
In-House Labs		\$5 per visit	Fixed/Flat Fee of \$10 per visit	Fixed/Flat Fee of \$15 per visit	Fixed/Flat Fee of \$20 per visit	0% Discount	0% Discount
In-House Radiology		\$40 per visit	Fixed/Flat Fee of \$50 per visit	Fixed/Flat Fee of \$60 per visit	Fixed/Flat Fee of \$70 per visit	0% Discount	0% Discount
Title X		\$0 per visit	75% discount	50% Discount	50% Discount	25% Discount	0% Discount
HIP/SBC		Waived	Waived	Waived	Waived	Waived	Waived
Labor & Delivery		\$400 per visit	75% Discount	50% Discount	25% Discount	0% Discount	0% Discount
GYN Surgeries		\$150 per visit	75% Discount	50% Discount	25% Discount	0% Discount	0% Discount
Vaccines		\$5 per visit	75% Discount	50% Discount	25% Discount	0% Discount	0% Discount
Outside Labs		HealthNet will send bloodwork that can't be tested on-site to a company called LabCorp. If a patient has insurance, LabCorp will bill the insurance company. Patient's may qualify for an additional discount after the insurance pays through the LabCorp discount program. For questions, patients can contact LabCorp at 1-800-845-6167 or ask a HealthNet team member for more information.					
Family Members	Income	0%-100% FPL	≥100.1%-150% FPL	≥150.1%-175% FPL	≥175.1%-200% FPL	≥200.1%-250% FPL	≥250.1% FPL
1	Annual	0 - \$ 12,760.00	\$ 12,760.01 - \$ 19,140.00	\$19,140.01 - \$ 22,330.00	\$22,330.01 - \$ 25,520.00	\$ 25,520.01 - \$ 31,900.00	\$ 31,900.01
2	Annual	0 - \$ 17,240.00	\$ 17,240.01 - \$ 25,860.00	\$25,860.01 - \$ 30,170.00	\$30,170.01 - \$ 34,480.00	\$ 34,480.01 - \$ 43,100.00	\$ 43,100.01
3	Annual	0 - \$ 21,720.00	\$ 21,720.01 - \$ 32,580.00	\$32,580.01 - \$ 38,010.00	\$38,010.01 - \$ 43,440.00	\$ 43,440.01 - \$ 54,300.00	\$ 54,300.01
4	Annual	0 - \$ 26,200.00	\$ 26,200.01 - \$ 39,300.00	\$39,300.01 - \$ 45,850.00	\$45,850.01 - \$ 52,400.00	\$ 52,400.01 - \$ 65,500.00	\$ 65,500.01
5	Annual	0 - \$ 30,680.00	\$ 30,680.01 - \$ 46,020.00	\$46,020.01 - \$ 53,690.00	\$53,690.01 - \$ 61,360.00	\$ 61,360.01 - \$ 76,700.00	\$ 76,700.01
6	Annual	0 - \$ 35,160.00	\$ 35,160.01 - \$ 52,740.00	\$52,740.01 - \$ 61,530.00	\$61,530.01 - \$ 70,320.00	\$ 70,320.01 - \$ 87,900.00	\$ 87,900.01
7	Annual	0 - \$ 39,640.00	\$ 39,640.01 - \$ 59,460.00	\$59,460.01 - \$ 69,370.00	\$69,370.01 - \$ 79,280.00	\$ 79,280.01 - \$ 99,100.00	\$ 99,100.01
8	Annual	0 - \$ 44,120.00	\$ 44,120.01 - \$ 66,180.00	\$66,180.01 - \$ 77,210.00	\$77,210.01 - \$ 88,240.00	\$ 88,240.01 - \$ 110,300.00	\$ 110,300.01
9	Annual	0 - \$ 48,600.00	\$ 48,600.01 - \$ 72,900.00	\$72,900.01 - \$ 85,050.00	\$85,050.01 - \$ 97,200.00	\$ 97,200.01 - \$ 121,500.00	\$ 121,500.01
10	Annual	0 - \$ 53,080.00	\$ 53,080.01 - \$ 79,620.00	\$79,620.01 - \$ 92,890.00	\$92,890.01 - \$ 106,160.00	\$ 106,160.01 - \$ 132,700.00	\$ 132,700.01

*****No patient will be turned away for an inability to pay for services*****

Federal Poverty Level (FPL) Threshold = \$12,760

For family units with more than 10 members, add \$4,480 for each additional member.

Exclusions: The following equipment and supplies are excluded and are charged at HealthNet's costs (which include administrative costs) since they may be considered elective or considered related to, but not included in, the service itself as part of the prevailing standards of care.

Paragard	\$352.02
Nexplanon	\$566.50
Skyla	\$363.14
Mirena	\$374.19
Kyleena	\$359.17
Liletta	\$153.82

Bleaching Trays	Night Guards
Bridges	Partials
Crowns	Vaneers
Dentures	
Elective Prosthetics	

All services in this area must be paid for prior to the patient receiving them and are excluded from the slide.

Exception: Birth Control methods listed are included in the Title X slide

Other services that may be excluded are supplies & equipment such as: Splints, Arm Casts, Braces, Breathing machines, etc.

Patients will be notified of such separate charges prior to delivery of such items, the total amount of out-of-pocket costs for these supplies, and if any payment plans are available through HealthNet or insurance. Payment must be received prior to delivery.

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		NIVEL A	NIVEL B	NIVEL C	NIVEL D	NIVEL E	NIVEL F
SOLO TARIFA NOMINAL							
Médico		\$20 por visita	Tarifa fija/uniforme de \$30 por visita	Tarifa fija/uniforme de \$40 por visita	Tarifa fija/uniforme de \$50 por visita	0% de descuento	0% de descuento
Dental		\$30 por visita	Tarifa fija/uniforme de \$40 por visita	Tarifa fija/uniforme de \$50 por visita	Tarifa fija/uniforme de \$60 por visita	0% de descuento	0% de descuento
Laboratorio interno		\$5 por visita	Tarifa fija/uniforme de \$10 por visita	Tarifa fija/uniforme de \$15 por visita	Tarifa fija/uniforme de \$20 por visita	0% de descuento	0% de descuento
Radiología interna		\$40 por visita	Tarifa fija/uniforme de \$50 por visita	Tarifa fija/uniforme de \$60 por visita	Tarifa fija/uniforme de \$70 por visita	0% de descuento	0% de descuento
Título X		\$0 por visita	75% de descuento	50% de descuento	50% de descuento	25% de descuento	0% de descuento
HIP/SBC		Exonerada	Exonerada	Exonerada	Exonerada	Exonerada	Exonerada
Trabajo de parto y dar a luz		\$400 por visita	75% de descuento	50% de descuento	25% de descuento	0% de descuento	0% de descuento
Cirugías GINE		\$150 por visita	75% de descuento	50% de descuento	25% de descuento	0% de descuento	0% de descuento
Vacunas		\$5 por visita	75% de descuento	50% de descuento	25% de descuento	0% de descuento	0% de descuento
Laboratorios externos		HealthNet enviará las pruebas de sangre que no puedan ser analizadas en el sitio a una compañía llamada LabCorp. Si un paciente tiene seguro, LabCorp facturará a la compañía de seguros. Los pacientes pueden calificar para un descuento adicional después que el seguro pague a través del programa de descuento de LabCorp. Si tienen preguntas los pacientes pueden llamar a LabCorp al 1-800-845-6167 o pedir más información a un miembro del equipo de HealthNet.					
Miembros de familia	Ingresos	0%-100% FPL	≥100.1%-150% FPL	≥150.1%-175% FPL	≥175.1%-200% FPL	≥200.1%-250% FPL	≥250.1% FPL
1	Anual	0 - \$ 12,760.00	\$ 12,760.01 - \$ 19,140.00	\$ 19,140.01 - \$ 22,330.00	\$ 22,330.01 - \$ 25,520.00	\$ 25,520.01 - \$ 31,900.00	\$ 31,900.01
2	Anual	0 - \$ 17,240.00	\$ 17,240.01 - \$ 25,860.00	\$ 25,860.01 - \$ 30,170.00	\$ 30,170.01 - \$ 34,480.00	\$ 34,480.01 - \$ 43,100.00	\$ 43,100.01
3	Anual	0 - \$ 21,720.00	\$ 21,720.01 - \$ 32,580.00	\$ 32,580.01 - \$ 38,010.00	\$ 38,010.01 - \$ 43,440.00	\$ 43,440.01 - \$ 54,300.00	\$ 54,300.01
4	Anual	0 - \$ 26,200.00	\$ 26,200.01 - \$ 39,300.00	\$ 39,300.01 - \$ 45,850.00	\$ 45,850.01 - \$ 52,400.00	\$ 52,400.01 - \$ 65,500.00	\$ 65,500.01
5	Anual	0 - \$ 30,680.00	\$ 30,680.01 - \$ 46,020.00	\$ 46,020.01 - \$ 53,690.00	\$ 53,690.01 - \$ 61,360.00	\$ 61,360.01 - \$ 76,700.00	\$ 76,700.01
6	Anual	0 - \$ 35,160.00	\$ 35,160.01 - \$ 52,740.00	\$ 52,740.01 - \$ 61,530.00	\$ 61,530.01 - \$ 70,320.00	\$ 70,320.01 - \$ 87,900.00	\$ 87,900.01
7	Anual	0 - \$ 39,640.00	\$ 39,640.01 - \$ 59,460.00	\$ 59,460.01 - \$ 69,370.00	\$ 69,370.01 - \$ 79,280.00	\$ 79,280.01 - \$ 99,100.00	\$ 99,100.01
8	Anual	0 - \$ 44,120.00	\$ 44,120.01 - \$ 66,180.00	\$ 66,180.01 - \$ 77,210.00	\$ 77,210.01 - \$ 88,240.00	\$ 88,240.01 - \$ 110,300.00	\$ 110,300.01
9	Anual	0 - \$ 48,600.00	\$ 48,600.01 - \$ 72,900.00	\$ 72,900.01 - \$ 85,050.00	\$ 85,050.01 - \$ 97,200.00	\$ 97,200.01 - \$ 121,500.00	\$ 121,500.01
10	Anual	0 - \$ 53,080.00	\$ 53,080.01 - \$ 79,620.00	\$ 79,620.01 - \$ 92,890.00	\$ 92,890.01 - \$ 106,160.00	\$ 106,160.01 - \$ 132,700.00	\$ 132,700.01

******Ningún paciente será rechazado por no poder pagar por los servicios******

Umbral del Nivel Federal de Pobreza (FPL) = \$12,760

Para unidades de familia con más de 10 miembros, sumar \$4,480 por cada miembro adicional.

Exclusiones: Los siguientes equipos y suministros están excluidos y se cargan a los costos de HealthNet (lo cual incluye los costos administrativos), ya que pueden considerarse como electivos o considerados relacionados con el servicio mismo, pero no incluidos en él como parte de las normas de cuidado prevalecientes.

Paragard	\$352.02
Nexplanon	\$566.50
Skyla	\$363.14
Mirena	\$374.19
Kyleena	\$359.17
Liletta	\$153.82
Férulas para blanqueado dental	Protectores nocturnos
Puentes	Parciales
Coronas	Carillas
Dentaduras postizas	
Prótesis electivas	

Todos los servicios en esta área deben ser pagados antes de que el paciente los reciba y están excluidos de la escala de descuentos.

Excepción: Los métodos anticonceptivos listados están incluidos en el Título X de la escala de descuentos

Otros servicios que pueden ser excluidos son suministros y equipo tales como: Férulas, yesos para los brazos, aparatos ortopédicos, respiradores, etc.

A los pacientes se les notificará de los gastos separados antes de entregarles dichos artículos, el monto total de los pagos a desembolsar por estos suministros y si existen planes de pago disponibles a través de HealthNet o un seguro. El pago debe recibirse antes de la entrega.

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	LEVEL A NOMINAL FEE (PHAISA TAMTUK SILOIN AMIN MEN MEN LAWNG ASIMI PHAISA PEKANAK CA LAWNG AH)	LEVEL B	LEVEL C	LEVEL D	LEVEL E	LEVEL F
Medical (Takpung ngandammak-lei le Sii-lei he apehtlaimi)	voikhat i piah ah \$20	Khiah cia mi/Athleng kho tilo mi maan (Fixed/Flat fee) cu voikhat i piah ah \$30 asi	Khiah cia mi/Athleng kho tilo mi maan (Fixed/Flat fee) cu voikhat i piah ah \$40 asi	Khiah cia mi/Athleng kho tilo mi maan (Fixed/Flat fee) cu voikhat i piah ah \$50 asi	0% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)
Dental (Ha/Kam ngandammak lei)	voikhat i piah ah \$30	Khiah cia mi/Athleng kho tilo mi maan cu voikhat i piah ah \$40 asi	Khiah cia mi/Athleng kho tilo mi maan cu voikhat i piah ah \$50 asi	Khiah cia mi/Athleng kho tilo mi maan cu voikhat i piah ah \$60 asi	0% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)
In-House Labs (Sizung chung/Lab chung ah tuah mi thi, zuun, ek tbt cheknak)	voikhat i piah ah \$5	Khiah cia mi/Athleng kho tilo mi maan cu voikhat i piah ah \$10 asi	Khiah cia mi/Athleng kho tilo mi maan cu voikhat i piah ah \$15 asi	Khiah cia mi/Athleng kho tilo mi maan cu voikhat i piah ah \$20 asi	0% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)
In-House Radiology (Sizung chung/Lab chung ah tuahmi X-ray zeitnak)	voikhat i piah ah \$40	Khiah cia mi/Athleng kho tilo mi maan cu voikhat i piah ah \$50 asi	Khiah cia mi/Athleng kho tilo mi maan cu voikhat i piah ah \$60 asi	Khiah cia mi/Athleng kho tilo mi maan cu voikhat i piah ah \$70 asi	0% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)
Atlangpi X (Amin ah X tiin chiah mi)	voikhat i piah ah \$0	75% discount (Phaisa thumhnak)	50% Discount (Phaisa thumhnak)	50% Discount (Phaisa thumhnak)	25% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)
HIP/SBC	Waived (Theithiam piak/Theihter loin um piak/Ngol taknak)	Waived (Theithiam piak/Theihter loin um piak/Ngol taknak)	Waived (Theithiam piak/Theihter loin um piak/Ngol taknak)	Waived (Theithiam piak/Theihter loin um piak/Ngol taknak)	Waived (Theithiam piak/Theihter loin um piak/Ngol taknak)	Waived (Theithiam piak/Theihter loin um piak/Ngol taknak)
Labor & Delivery (Nau ngeihnak-lei he apehtlaimi)	voikhat i piah ah \$400	75% discount (Phaisa thumhnak)	50% Discount (Phaisa thumhnak)	25% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)
ngeihnak lei, Nau-inn lei he apehtlaimi Operation tbt hlainak pawl)	voikhat i piah ah \$150	75% discount (Phaisa thumhnak)	50% Discount (Phaisa thumhnak)	25% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)
Vaccines (Ka-kway-say chumhnak pawl)	voikhat i piah ah \$5	75% discount (Phaisa thumhnak)	50% Discount (Phaisa thumhnak)	25% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)	0% Discount (Phaisa thumhnak)
Outside Labs (Lab a leng i tuah mi zawtnak cheknak pawl)	HealthNet nih cun cu ka hmun i a um mi test tuah nak (on-site) ah chek khawh asilomi pawl kha LabCorp tiin ahu asimi company ah a kuat lai. Mizaw nih insurance a ngeih asiahcun LabCorp nih cun mah insurance company ah a dih mi maan cu a kuat lai. LabCorp company nih cheknak caah a dih mi maan pawl kha discount peknak a tuah i cu a maan pawl cu insurance company nih a liam dih hu ah adang a hlei in pek mi thilmaan thumhnak discount cu mizaw nih ngah ding in a tlak kho men. Bialhainak pawl caah, mizaw pawl nih cun LabCorp i an phone 1-800-845-6167 ah chawhn khawh asi silole HealthNet team member sin ah khaan a dang theih chap an duh mi thawngpaw pawl kha hai khawh an si.					

Chungkhar Member Pawl	Phaisa a lut mi	0%-100% FPL	≥100.1%-150% FPL	≥150.1%-175% FPL	≥175.1%-200% FPL	≥200.1%-250% FPL	≥250.1% FPL
1	Kumfatin	0 - \$ 12,760.00	\$ 12,760.01 - \$ 19,140.00	\$ 19,140.01 - \$ 22,330.00	\$ 22,330.01 - \$ 25,520.00	\$ 25,520.01 - \$ 31,900.00	\$ 31,900.01
2	Kumfatin	0 - \$ 17,240.00	\$ 17,240.01 - \$ 25,860.00	\$ 25,860.01 - \$ 30,170.00	\$ 30,170.01 - \$ 34,480.00	\$ 34,480.01 - \$ 43,100.00	\$ 43,100.01
3	Kumfatin	0 - \$ 21,720.00	\$ 21,720.01 - \$ 32,580.00	\$ 32,580.01 - \$ 38,010.00	\$ 38,010.01 - \$ 43,440.00	\$ 43,440.01 - \$ 54,300.00	\$ 54,300.01
4	Kumfatin	0 - \$ 26,200.00	\$ 26,200.01 - \$ 39,300.00	\$ 39,300.01 - \$ 45,850.00	\$ 45,850.01 - \$ 52,400.00	\$ 52,400.01 - \$ 65,500.00	\$ 65,500.01
5	Kumfatin	0 - \$ 30,680.00	\$ 30,680.01 - \$ 46,020.00	\$ 46,020.01 - \$ 53,690.00	\$ 53,690.01 - \$ 61,360.00	\$ 61,360.01 - \$ 76,700.00	\$ 76,700.01
6	Kumfatin	0 - \$ 35,160.00	\$ 35,160.01 - \$ 52,740.00	\$ 52,740.01 - \$ 61,530.00	\$ 61,530.01 - \$ 70,320.00	\$ 70,320.01 - \$ 87,900.00	\$ 87,900.01
7	Kumfatin	0 - \$ 39,640.00	\$ 39,640.01 - \$ 59,460.00	\$ 59,460.01 - \$ 69,370.00	\$ 69,370.01 - \$ 79,280.00	\$ 79,280.01 - \$ 99,100.00	\$ 99,100.01
8	Kumfatin	0 - \$ 44,120.00	\$ 44,120.01 - \$ 66,180.00	\$ 66,180.01 - \$ 77,210.00	\$ 77,210.01 - \$ 88,240.00	\$ 88,240.01 - \$ 110,300.00	\$ 110,300.01
9	Kumfatin	0 - \$ 48,600.00	\$ 48,600.01 - \$ 72,900.00	\$ 72,900.01 - \$ 85,050.00	\$ 85,050.01 - \$ 97,200.00	\$ 97,200.01 - \$ 121,500.00	\$ 121,500.01
10	Kumfatin	0 - \$ 53,080.00	\$ 53,080.01 - \$ 79,620.00	\$ 79,620.01 - \$ 92,890.00	\$ 92,890.01 - \$ 106,160.00	\$ 106,160.01 - \$ 132,700.00	\$ 132,700.01

*******Hman mi/lak mi/pek mi bawmhnak (Service) pawl caah phaisa a pe kholo mi mizaw ahohmanh kherh/kir ter an si lai lo.*******

Federal nih zeitluk asiahdah Sifak/Pamnak a tongmi asi tiin a tahnak Level (FPL) = \$12,760

Innchung khorkhar pakhat ah member minung 10 nak tamdeuh a ngei mi chungkhar caah cun, a hlei in aa chap mi minung pakhat cio caah \$4,480 cu fonh chap asi lai.

Telh asilomi Bawmhnak pekmi pawl: Atanglei i thilri pawl le mah he pehtlai in hman mi thil pawl cu bawmhnak pek ding ah telh an si lo, cun mah ca i a dih mi pawl cu HealthNet ca i a dih mi (zunglei riantuannak ca i a dih mi pawl tiin telhnak) ah khaan liam ter dih an si lai zeicatiah cun mah pawl cu a thim in thim mi silole mah he apehtlaimi bawmhnak (service asi) tiah ruah an rak si ko, nantein hi bawmhnak (service) cu a mah te bak in asitawn mi zohkhenhnak i tahfung pawl chung ah a tel caah telhpiak an si lai lo.

Paragard (Nau-inn chung ah chiah mi nauhlatternak hormone atel lomi IUD)	\$352.02
Nexplanon (Ban tang ah chih mi nauhlatternak sii/implant phunkhat)	\$566.50
Skyla (Nau-inn chung ah chiah mi nauhlatternak sii/hormone tlawmpal a tel mi IUD phunkhat)	\$363.14
Mirena (Nau-inn chung ah chiah mi nauhlatternak sii/hormone tlawmpal a tel mi IUD phunkhat)	\$374.19
Kyleena (Nau-inn chung ah chiah mi nauhlatternak sii/hormone tlawmpal a tel mi IUD phunkhat)	\$359.17
Liletta (Nau-inn chung ah chiah mi nauhlatternak sii/hormone tlawmpal a tel mi IUD phunkhat)	\$153.82

Mizaw pawl nih bawmhnak an ngah hlan ah le slide i thawnnak

chung in chuahternak an ton hlan ah hika hmun ah pek asimi bawmhnak (service) azapi i a maan cu an liam dih hrim a herh.

Mah pawl tel loin:

Atlangpi X (amin ah X tiin chiah mi) slide chung ah khumh asimi nauhlatternak caah tuahning pawl (birth control method) cazin dah ti loin

Bleaching Trays (Ha ceu deuh nak ding caah ha ziahpiaknak)	Night Guards (zaan ihcaan ah ha rawhlo ding caah hman mi/zaan caan i ha khuh nak caah bunh mi)
Bridges (ha a var mi pawl kha ha-tuh bunh in remhpiaknak)	Partials (ha tuh tampi bunhpiaknak)
Crowns (ha a kua mi kha thianh piak dih in a cung in ha bunh piaknak)	Vaneers (Ha cung ah tuat chih mi ha-tuh bunhmi pawl)
Dentures (ha tuh tuah piaknak pawl)	
Elective Prosthetics (Hani le kam chung cuar no pawl remhthannak)	

Adang bawmhnak pek asilo mi chung i a tel mi thilri pawl le cu he pehtlai in hman asi mi thil pawl cu: Splints (Ruh kiah tik i temchihmi)
Hibantuk thil phun pawl cu kuat ansi hlan ah a dang tein phaisa pektarnak tuah ding in le, hi hmanmi thilri caah out-of-pocket cost (timh mi kum chung ah pek piak ding mi/liam piak ding mi bawmhchanhnak pawl caah nangmah lei in a tambik pek ding mi zat) i azapi fonh, le HealthNet silole insurance hmang in phaisa peknak plan pawl a ngah asiahcun mizaw pawl cu thawngthanh hmasa an si lai. Phaisa peknak cu kan in kuat hna hlan ah pek cia hrim a hau.