HealthNet Sliding Fee Discount Program
Income Eligibility Guidelines
Effective: April 7, 2026

		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 - $15,960	$ 15,960.01 - $ 23,940.00	$ 23,940.01 - $ 27,930.00	$ 27,930.01 - $ 31,920.00	$ 31,920.01 - $ 39,900.00	$ 39,900.01
2	Annual	0 - $21,640	$ 21,640.01 - $ 32,460.00	$ 32,460.01 - $ 37,870.00	$ 37,870.01 - $ 43,280.00	$ 43,280.01 - $ 54,100.00	$ 54,100.01
3	Annual	0 - $27,320	$ 27,320.01 - $ 40,980.00	$ 40,980.01 - $ 47,810.00	$ 47,810.01 - $ 54,640.00	$ 54,640.01 - $ 68,300.00	$ 68,300.01
4	Annual	0 - $33,000	$ 33,000.01 - $ 49,500.00	$ 49,500.01 - $ 57,750.00	$ 57,750.01 - $ 66,000.00	$ 66,000.01 - $ 82,500.00	$ 82,500.01
5	Annual	0 - $38,680	$ 38,680.01 - $ 58,020.00	$ 58,020.01 - $ 67,690.00	$ 67,690.01 - $ 77,360.00	$ 77,360.01 - $ 96,700.00	$ 96,700.01
6	Annual	0 - $44,360	$ 44,360.01 - $ 66,540.00	$ 66,540.01 - $ 77,630.00	$ 77,630.01 - $ 88,720.00	$ 88,720.01 - $ 110,900.00	$ 110,900.01
7	Annual	0 - $50,040	$ 50,040.01 - $ 75,060.00	$ 75,060.01 - $ 87,570.00	$ 87,570.01 - $100,080.00	$ 100,080.01 - $ 125,100.00	$ 125,100.01
8	Annual	0 - $55,720	$ 55,720.01 - $ 83,580.00	$ 83,580.01 - $ 97,510.00	$ 97,510.01 - $111,440.00	$ 111,440.01 - $ 139,300.00	$ 139,300.01
9	Annual	0 - $61,400	$ 61,400.01 - $ 92,100.00	$ 92,100.01 - $ 107,450.00	$107,450.01 - $122,800.00	$ 122,800.01 - $ 153,500.00	$ 153,500.01
10	Annual	0 - $67,080	$ 67,080.01 - $ 100,620.00	$100,620.01 - $ 117,390.00	$117,390.01 - $134,160.00	$ 134,160.01 - $ 167,700.00	$ 167,700.01

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

Poverty Threshold = $15,960.00
For family units with more than 10 members, add $5,680 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.