

HCHWC Medical Fee Scale Calendar Year 2023		0-100% Poverty		101-138% Poverty		139-185% Poverty		186-200% Poverty	
		Category A		Category B		Category C		Category D	
Family Size:		Income up to:	Income From:	To:	Income From:	To:	Income From:	To:	
1	Annual	\$15,650	\$15,651	\$21,597	\$21,598	\$28,953	\$28,954	\$31,300	
2	Annual	\$21,150	\$21,151	\$29,187	\$29,188	\$39,128	\$39,129	\$42,300	
3	Annual	\$26,650	\$26,651	\$36,777	\$36,778	\$49,303	\$49,304	\$53,300	
4	Annual	\$32,150	\$32,151	\$44,367	\$44,368	\$59,478	\$59,479	\$64,300	
5	Annual	\$37,650	\$37,651	\$51,957	\$51,958	\$69,653	\$69,654	\$75,300	
6	Annual	\$43,150	\$43,151	\$59,547	\$59,548	\$79,828	\$79,829	\$86,300	
Copay Per Visit		\$10.00	\$15.00		\$20.00		\$25.00		
For families/household with more than 6 persons, add \$5,500 for each additional person per family for Slide A, \$7,590 for Slide B, \$10,175 for Slide C, and \$11,000 for Slide D.									

HCHWC Pharmacy Fee Scale	0-100% Poverty		101-138% Poverty		139-185% Poverty		186-200% Poverty	
	Category A		Category B		Category C		Category D	
Generics	Acquisition Cost + \$3.00 Dispensing Fee		Acquisition Cost + \$4.00 Dispensing Fee		Acquisition Cost + \$5.00 Dispensing Fee		Acquisition Cost + \$6.00 Dispensing Fee	
Brand	Acquisition Cost + \$3.00 Dispensing Fee		Acquisition Cost + \$4.00 Dispensing Fee		Acquisition Cost + \$5.00 Dispensing Fee		Acquisition Cost + \$6.00 Dispensing Fee	
Controls	Acquisition Cost + \$3.00 Dispensing Fee		Acquisition Cost + \$4.00 Dispensing Fee		Acquisition Cost + \$5.00 Dispensing Fee		Acquisition Cost + \$6.00 Dispensing Fee	

HCHWC Dental Fee Scale	0-100%		101-138%		139-185%		186-200%	
	Category A		Category B		Category C		Category D	
Category 1 – Preventive Care	\$50.00* Per Visit		40% Discount 60% Patient Portion		30% Discount 70% Patient Portion		20% Discount 80% Patient Portion	
Category 2 – Optional Care <small>(Prices Will Vary & Lab Fees Apply)</small>	\$65.00* Per Visit		40% Discount 60% Patient Portion		30% Discount 70% Patient Portion		20% Discount 80% Patient Portion	
Category 3- Complex Care	\$85.00* Per Visit		40% Discount 60% Patient Portion		30% Discount 70% Patient Portion		20% Discount 80% Patient Portion	

Approved Category:	A	B	C	D
Denial Reason:	_____			
Reviewed By:	_____			Date: