

HCHWC Medical Fee Scale Calendar Year 2025		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 (Prices Will Vary & Lab Fees Apply)	\$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:	_____			

