



# Persons in Household	Household Income	Annual Income Not to Exceed*					100% Full Pay
		From ▶	A	B	C	D	E
		< 100% of FPL	101%-125% of FPL	126%-150% of FPL	151%-175% of FPL	176%-200% of FPL	Above 200%
1	Annual	0 ▶ \$15,650	\$15,651 ▶ \$19,563	\$19,564 ▶ \$23,475	\$23,476 ▶ \$27,388	\$27,389 ▶ \$31,300	\$31,300
2	Annual	0 ▶ \$21,150	\$21,151 ▶ \$26,438	\$26,439 ▶ \$31,725	\$31,726 ▶ \$37,013	\$37,014 ▶ \$42,300	\$42,300
3	Annual	0 ▶ \$26,650	\$26,651 ▶ \$33,313	\$33,314 ▶ \$39,975	\$39,976 ▶ \$46,638	\$46,639 ▶ \$53,300	\$53,300
4	Annual	0 ▶ \$32,150	\$32,151 ▶ \$40,188	\$40,189 ▶ \$48,225	\$48,226 ▶ \$56,263	\$56,264 ▶ \$64,300	\$64,300
5	Annual	0 ▶ \$37,650	\$37,651 ▶ \$47,063	\$47,064 ▶ \$56,475	\$56,476 ▶ \$65,888	\$65,889 ▶ \$75,300	\$75,300
6	Annual	0 ▶ \$43,150	\$43,151 ▶ \$53,938	\$53,939 ▶ \$64,725	\$64,726 ▶ \$75,513	\$75,514 ▶ \$86,300	\$86,300
7	Annual	0 ▶ \$48,650	\$48,651 ▶ \$60,813	\$60,814 ▶ \$72,975	\$72,976 ▶ \$85,138	\$85,139 ▶ \$97,300	\$97,300
8	Annual	0 ▶ \$54,150	\$54,151 ▶ \$67,688	\$67,689 ▶ \$81,225	\$81,226 ▶ \$94,763	\$94,764 ▶ \$108,300	\$108,300
9	Annual	0 ▶ \$59,650	\$59,651 ▶ \$74,563	\$74,564 ▶ \$89,475	\$89,476 ▶ \$104,388	\$104,389 ▶ \$119,300	\$119,300
10	Annual	0 ▶ \$65,150	\$65,151 ▶ \$81,438	\$81,439 ▶ \$97,725	\$97,726 ▶ \$114,013	\$114,014 ▶ \$130,300	\$130,300
11	Annual	0 ▶ \$70,650	\$70,651 ▶ \$88,313	\$88,314 ▶ \$105,975	\$105,976 ▶ \$123,638	\$123,639 ▶ \$141,300	\$141,300
12	Annual	0 ▶ \$76,150	\$76,151 ▶ \$95,188	\$95,189 ▶ \$114,225	\$114,226 ▶ \$133,263	\$133,264 ▶ \$152,300	\$152,300

For each **additional** household member, add **\$5,500** to the annual income.

\* 2025 HHS POVERTY GUIDELINES (Effective as of January 15, 2025) <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

	Nominal Fees	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate	
Office Visit/Telehealth/Ultrasound	\$20.00	\$25.00	\$30.00	\$55.00	\$70.00	100% of charge
Counseling Visit	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	100% of charge
Dietitian/Pharmacist	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	100% of charge
Smoking Cessation/Care Coordination	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	100% of charge

**ADDITIONAL FEES**

All VFC Vaccines (admin. fee)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	100% of charge
Private Flu Vaccine	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	100% of charge
Private T-Dap (D-Tap)	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	100% of charge
Depo-Prevera	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	100% of charge
Vivitrol	\$313.45	\$370.44	\$427.43	\$484.42	\$569.91	100% of charge

**LARC's w/DISCOUNT**

	100% of Charge	A (55%)	B (65%)	C (75%)	D (85%)	E
Liletta	\$105.00	\$57.75	\$68.25	\$78.75	\$89.25	100% of charge
Paragard	\$299.56	\$164.76	\$194.71	\$224.67	\$254.63	100% of charge
Mirena	\$380.26	\$209.14	\$247.17	\$285.20	\$323.22	100% of charge
Nexplanon	\$534.16	\$293.79	\$347.20	\$400.62	\$454.04	100% of charge
Skyla	\$618.45	\$340.15	\$401.99	\$463.84	\$525.68	100% of charge
Kyleena	\$753.07	\$414.19	\$489.50	\$564.80	\$640.11	100% of charge
Insertion Fee Only	\$151.50	\$83.33	\$98.48	\$113.63	\$128.78	\$151.50
IUD Removal Only	\$191.50	\$105.33	\$124.48	\$143.63	\$162.78	\$191.50
LEEP	\$240.00	\$132.00	\$156.00	\$180.00	\$204.00	100% of charge



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For each **additional** household member, add **\$5,500** to the annual income.

\* 2025 HHS POVERTY GUIDELINES (Effective as of January 15, 2025) <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

	Nominal Fees	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate	
Dental Office Visit	\$40.00	\$45.00	\$50.00	\$70.00	\$90.00	100% of charge
Smoking Cessation/Care Coordination	\$25.00	\$30.00	\$35.00	\$50.00	\$55.00	100% of charge

Board Approved: February 26, 2025



RETAIL PHARMACY SERVICES

# Persons in Household	Household Income	From ▶	Annual Income Not to Exceed*				100% Full Pay
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PHARMACY						
30-Day Supply	340B cost + \$7	340B cost + \$8	340B cost + \$9	340B cost + \$10	340B cost + \$11	340B cost + \$12
Max Payment	\$12.00	\$13.00	\$14.00	\$15.00	\$16.00	Full Copay
60-Day Supply	340B cost + \$9	340B cost + \$10	340B cost + \$11	340B cost + \$12	340B cost + \$13	340B cost + \$14
Max Payment	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	Full Copay
90-Day Supply	340B cost + \$12	340B cost + \$13	340B cost + \$14	340B cost + \$15	340B cost + \$16	340B cost + \$17
Max Payment	\$28.00	\$30.00	\$32.00	\$34.00	\$36.00	Full Copay

NOTE: Max copay limits do not apply to prescription fills over 90 days. Copay is 340B cost + flat fee based on income

Copay Assistance - Insured Only	\$28.00	\$30.00	\$32.00	\$34.00	\$36.00	Full Copay
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Effective Date: March 1, 2025  
Board Approved: February 26, 2025