

**STRIDE Community Health Center - Sliding Fee Discount Schedule**  
Effective July 1, 2023 - March 31, 2024

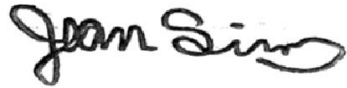
Type of Service	Stride Level 1		Stride Level 2		Stride Level 3		Stride Level 4		No Discount
	0-100%		101-133%		134-185%		186-200%		201% +
Medical Fee*	\$	15.00	\$	20.00	\$	25.00	\$	35.00	Full Charge
Lab - Per Lab **	\$	5.00	\$	10.00	\$	15.00	\$	20.00	Full Charge
Pathology - per specimen	\$	5.00	\$	10.00	\$	15.00	\$	20.00	Full Charge
Pharmacy** #	\$	10.00	\$	15.00	\$	20.00	\$	25.00	Full Charge
Radiology - per image	\$	5.00	\$	10.00	\$	15.00	\$	20.00	Full Charge
BH - Therapy/Service, MAT, SUD	\$	15.00	\$	20.00	\$	25.00	\$	35.00	Full Charge
Immunizations		Variable***		Variable***		Variable***		Variable***	Full Charge
Dental - Basic / Preventive	\$	15.00	\$	20.00	\$	25.00	\$	35.00	Full Charge
Dental - Crowns/Dentures/Partials	\$	425.00	\$	430.00	\$	435.00	\$	445.00	Full Charge
Dental - Radiology	\$	5.00	\$	10.00	\$	15.00	\$	20.00	Full Charge
Liletta IUD	\$	100.00	\$	100.00	\$	100.00	\$	100.00	Full Charge
Paragard IUD	\$	260.00	\$	260.00	\$	260.00	\$	260.00	Full Charge
Nexplanon	\$	400.00	\$	400.00	\$	400.00	\$	400.00	Full Charge
Depo-Provera (Metroxyprogesterone)	\$	10.00	\$	15.00	\$	20.00	\$	25.00	Full Charge
Vasectomy	\$	200.00	\$	400.00	\$	600.00	\$	800.00	Full Charge

#includes dispensing fee

\*\*or cost if cost is lower

\*Include IUD/Nexplanon Removal-Insertion/Biopsy/Colpo/Procedures

\*\*\*Acquisition prices for the drug change; administration is nominal fee in the Medical Fee service line



Jean Siseros, Chairperson - Board of Directors

June 26, 2023

Date



Mark Schumacher, Treasurer - Board of Directors

**STRIDE Community Health Center - Federal Poverty Level Guidelines**  
Effective February 1, 2023

Family Size	Income																	
	Stride Level 1		Stride Level 2		Stride Level 3		Stride Level 4		No Discount									
	0-100%		101-133%		134-185%		186-200%		201% +									
1	\$	-	\$	14,580	\$	14,581	\$	19,391	\$	19,392	\$	26,973	\$	26,974	\$	29,160	\$	29,161+
2	\$	-	\$	19,720	\$	19,721	\$	26,228	\$	26,229	\$	36,482	\$	36,483	\$	39,440	\$	39,441+
3	\$	-	\$	24,860	\$	24,861	\$	33,064	\$	33,065	\$	45,991	\$	45,992	\$	49,720	\$	49,721+
4	\$	-	\$	30,000	\$	30,001	\$	39,900	\$	39,901	\$	55,500	\$	55,501	\$	60,000	\$	60,001+
5	\$	-	\$	35,140	\$	35,141	\$	46,736	\$	46,737	\$	65,009	\$	65,010	\$	70,280	\$	70,281+
6	\$	-	\$	40,280	\$	40,281	\$	53,572	\$	53,573	\$	74,518	\$	74,519	\$	80,560	\$	80,561+
7	\$	-	\$	45,420	\$	45,421	\$	60,409	\$	60,410	\$	84,027	\$	84,028	\$	90,840	\$	90,841+
8	\$	-	\$	50,560	\$	50,561	\$	67,245	\$	67,246	\$	93,536	\$	93,537	\$	101,120	\$	101,121+
9	\$	-	\$	55,700	\$	55,701	\$	74,081	\$	74,082	\$	103,045	\$	103,046	\$	111,400	\$	111,401+
10	\$	-	\$	60,840	\$	60,841	\$	80,917	\$	80,918	\$	112,554	\$	112,555	\$	121,680	\$	121,681+
11	\$	-	\$	65,980	\$	65,981	\$	87,753	\$	87,754	\$	122,063	\$	122,064	\$	131,960	\$	131,961+
12	\$	-	\$	71,120	\$	71,121	\$	94,590	\$	94,591	\$	131,572	\$	131,573	\$	142,240	\$	142,241+
13	\$	-	\$	76,260	\$	76,261	\$	101,426	\$	101,427	\$	141,081	\$	141,082	\$	152,520	\$	152,521+
14	\$	-	\$	81,400	\$	81,401	\$	108,262	\$	108,263	\$	150,590	\$	150,591	\$	162,800	\$	162,801+
15	\$	-	\$	86,540	\$	86,541	\$	115,098	\$	115,099	\$	160,099	\$	160,100	\$	173,080	\$	173,081+

Add \$4,720 for each extra person