



Dental Sliding Fee Schedule based on Income and Family Size - 2018									
Athena Scale	S1	S2	S3	S4	S5	S6	S7	S8	S9
Income Level	<=133%	>133%	>150%	>175%	>200%	>225%	>250%	>275%	>300%
Sliding Scale Fee*	\$20	25%	35%	45%	55%	65%	75%	85%	Full Fee
Family Size	Maximum income to qualify for the rate shown								
1	\$ 16,146	\$ 16,147	\$ 18,211	\$ 21,246	\$ 24,281	\$ 27,316	\$ 30,351	\$ 33,386	\$ 36,421
2	\$ 21,892	\$ 21,893	\$ 24,691	\$ 28,806	\$ 32,921	\$ 37,036	\$ 41,151	\$ 45,266	\$ 49,381
3	\$ 27,637	\$ 27,638	\$ 31,171	\$ 36,366	\$ 41,561	\$ 46,756	\$ 51,951	\$ 57,146	\$ 62,341
4	\$ 33,383	\$ 33,384	\$ 37,651	\$ 43,926	\$ 50,201	\$ 56,476	\$ 62,751	\$ 69,026	\$ 75,301
5	\$ 39,129	\$ 39,130	\$ 44,131	\$ 51,486	\$ 58,841	\$ 66,196	\$ 73,551	\$ 80,906	\$ 88,261
6	\$ 44,874	\$ 44,875	\$ 50,611	\$ 59,046	\$ 67,481	\$ 75,916	\$ 84,351	\$ 92,786	\$ 101,221
7	\$ 50,620	\$ 50,621	\$ 57,091	\$ 66,606	\$ 76,121	\$ 85,636	\$ 95,151	\$ 104,666	\$ 114,181
8	\$ 56,365	\$ 56,366	\$ 63,571	\$ 74,166	\$ 84,761	\$ 95,356	\$ 105,951	\$ 116,546	\$ 127,141
9	\$ 62,111	\$ 62,112	\$ 70,051	\$ 81,726	\$ 93,401	\$ 105,076	\$ 116,751	\$ 128,426	\$ 140,101
10	\$ 67,857	\$ 67,858	\$ 76,531	\$ 89,286	\$ 102,041	\$ 114,796	\$ 127,551	\$ 140,306	\$ 153,061

PLEASE NOTE:
Above 300% patients will be charged the full Medicaid Fee allowed under current Medicaid published rates

*Minimum of \$20