2025 WHN Sliding-Fee-Scale Program - All In-Scope Services

Sliding Fee Scale Eligibility												
l		Level A	Level B		Level C			Level D			Level E	
		(≤ 100%)	(101% - 149%)		(150% - 174%)			(175% - 200%)			>200%	
Family Size *	Income Presented	Less than	Minimum	-	Maximum	Minimum	-	Maximum	Minimum	-	Maximum	Minimum
1	Annual	\$15,650	\$15,651	to	\$23,475	\$23,476	to	\$27,387	\$27,388	to	\$31,300	\$31,301
2	Annual	\$21,150	\$21,151	to	\$31,725	\$31,726	to	\$37,012	\$37,013	to	\$42,300	\$42,301
3	Annual	\$26,650	\$26,651	to	\$39,975	\$39,976	to	\$46,637	\$46,638	to	\$53,300	\$53,301
4	Annual	\$32,150	\$32,151	to	\$48,225	\$48,226	to	\$56,262	\$56,263	to	\$64,300	\$64,301
5	Annual	\$37,650	\$37,651	to	\$56,475	\$56,476	to	\$65,887	\$65,888	to	\$75,300	\$75,301
6	Annual	\$43,150	\$43,151	to	\$64,725	\$64,726	to	\$75,512	\$75,513	to	\$86,300	\$86,301
7	Annual	\$48,650	\$48,651	to	\$72,975	\$72,976	to	\$85,137	\$85,138	to	\$97,300	\$97,301
8	Annual	\$54,150	\$54,151	to	\$81,224	\$81,225	to	\$94,762	\$94,763	to	\$108,300	\$108,301

^{* -} Add \$5,500 for each additional person

SFS Discounted Patient Fees									
	Level A	Level B	Level C	Level D	Level E				
MEDICAL Patient Pays	\$20.00	25%	50%	75%	100%				
DENTAL Patient Pays	\$20.00	25%	50%	75%	100%				
BEHAVIORAL Patient Pays	\$10.00	25%	50%	75%	100%				
SUD - MAT	45%	50%	55%	60%	100%				
Vivitrol	\$776.00	\$863.00	\$949.00	\$1,035.00	\$1,725.00				
IUDs / Nexplanon	50%	55%	70%	85%	100%				
Kyleena	\$575.00	\$632.50	\$805.00	\$977.50	\$1,150.00				
Skyla	\$575.00	\$632.50	\$805.00	\$977.50	\$1,150.00				
Paragard	\$550.00	\$605.00	\$770.00	\$935.00	\$1,100.00				
Liletta	\$413.00	\$454.00	\$578.00	\$701.00	\$825.00				
Mirena	\$563.00	\$619.00	\$788.00	\$956.00	\$1,125.00				
Nexplanon	\$575.00	\$632.50	\$805.00	\$977.50	\$1,150.00				
Prenatal Ultrasounds	\$45.00	\$50.00	\$55.00	\$75.00	\$200-\$310				
CCM / BHI Fees	10%	25%	50%	75%	100%				

HOW TO USE THIS SCALE:

- (1) Determine the number of members in a Family Unit.
- (2) Determine ALL income supporting the family + ALL sources of income (i.e., paystubs, alimony, social security, retirement, etc.)
- (3) Find the number of family members in Column 1 ("Size of Family Unit").
- (4) Determine the range in which the patient's "Family Income" falls.
- (5) The column in which the patient's "Family Income" falls indicates the percentage of Sliding Fee Scale discount.