

CY2026 Sliding Fee Schedule Table

Poverty Levels	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
* Family Size	Annual Income-Less Than:					
1	15,960.00	19,950.00	23,940.00	27,930.00	31,920	>31,920
2	21,640.00	27,050.00	32,460.00	37,870.00	43,280	>43,280
3	27,320.00	34,150.00	40,980.00	47,810.00	54,640	>54,640
4	33,000.00	41,250.00	49,500.00	57,750.00	66,000	>66,000
5	38,680.00	48,350.00	58,020.00	67,690.00	77,360	>77,360
6	44,360.00	55,450.00	66,540.00	77,630.00	88,720	>88,720
7	50,040.00	62,550.00	75,060.00	87,570.00	100,080	>100,080
8	55,720.00	69,650.00	83,580.00	97,510.00	111,440	>111,440
Visit Type	Patient Responsibility					
Medical/Behavioral	\$20	\$30	\$40	\$45	\$50	Full Fee
**Vision Care Visits	\$20	\$30	\$40	\$45	\$50	Full Fee
Preventative and diagnostic dental visits	\$25	\$40	\$45	\$50	\$55	Full Fee
Emergency dental treatment visits	\$35	\$50	\$55	\$60	\$65	Full Fee
Routine dental treatment visits	\$50	Greater of 20% of full fee or \$51	Greater of 40% of full fee or \$52	Greater of 60% of full fee or \$53	Greater of 80% of full fee or \$54	Full Fee
Root canal treatment dental visits	\$60	Greater of 20% of full fee or \$61	Greater of 40% of full fee or \$62	Greater of 60% of full fee or \$63	Greater of 80% of full fee or \$64	Full Fee
Outside lab dental visits	Full lab fee + 10% of difference between lab fee and full procedure fee	Full lab fee + 20% of difference between lab fee and full procedure fee	Full lab fee + 40% of difference between lab fee and full procedure fee	Full lab fee + 60% of difference between lab fee and full procedure fee	Full lab fee + 80% of difference between lab fee and full procedure fee	Full Fee

*For family units with more than 8 persons, add \$5,680 for each additional person

**Lowell CHC offers optional optical products, including contact lens and evaluation at full fee. Lowell CHC also offers a range of package pricing for eye wear and maintains a family fund that covers the charge of non-premium glasses for eligible applicants.