



COMMUNITY CLINIC OF MAUI, INC.  
 dba MALAMA I KE OLA HEALTH CENTER  
 SLIDING FEE SCALE  
 SERVICE LINE: BEHAVIORAL HEALTH

Effective Date: 05/01/19

| Number of Family Members                    | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8      |
|---|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Annual Income Ranges:</b>                |        |        |        |        |        |        |        |        |
| <b>B</b> =<100% of Poverty (Nominal Charge) | 14,380 | 19,460 | 24,540 | 29,620 | 34,700 | 39,780 | 44,860 | 49,940 |
| <b>C</b> 101 - 150% of Poverty              | 14,381 | 19,461 | 24,541 | 29,621 | 34,701 | 39,781 | 44,861 | 49,941 |
|   | 21,570 | 29,190 | 36,810 | 44,430 | 52,050 | 59,670 | 67,290 | 74,910 |
| <b>D</b> 151 - 175% of Poverty              | 21,571 | 29,191 | 36,811 | 44,431 | 52,051 | 59,671 | 67,291 | 74,911 |
|   | 25,165 | 34,055 | 42,945 | 51,835 | 60,725 | 69,615 | 78,505 | 87,395 |
| <b>E</b> 176 - 200% of Poverty              | 25,166 | 34,056 | 42,946 | 51,836 | 60,726 | 69,616 | 78,506 | 87,396 |
|   | 28,760 | 38,920 | 49,080 | 59,240 | 69,400 | 79,560 | 89,720 | 99,880 |
| <b>F</b> > 200% of Poverty                  | 28,761 | 38,921 | 49,081 | 59,241 | 69,401 | 79,561 | 89,721 | 99,881 |
|   | +      | +      | +      | +      | +      | +      | +      | +      |

For households with members greater than above, add \$5,080 to code B income amounts for each additional person in the household.

**Monthly Income Ranges:**

|   |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|
| <b>B</b> =<100% of Poverty (Nominal Charge) | 1,198 | 1,622 | 2,045 | 2,468 | 2,892 | 3,315 | 3,738 | 4,162 |
| <b>C</b> 101 - 150% of Poverty              | 1,198 | 1,622 | 2,045 | 2,468 | 2,892 | 3,315 | 3,738 | 4,162 |
|   | 1,798 | 2,433 | 3,068 | 3,703 | 4,338 | 4,973 | 5,608 | 6,243 |
| <b>D</b> 151 - 175% of Poverty              | 1,798 | 2,433 | 3,068 | 3,703 | 4,338 | 4,973 | 5,608 | 6,243 |
|   | 2,097 | 2,838 | 3,579 | 4,320 | 5,061 | 5,801 | 6,542 | 7,283 |
| <b>E</b> 176 - 200% of Poverty              | 2,097 | 2,838 | 3,579 | 4,320 | 5,061 | 5,801 | 6,542 | 7,283 |
|   | 2,397 | 3,243 | 4,090 | 4,937 | 5,783 | 6,630 | 7,477 | 8,323 |
| <b>F</b> > 200% of Poverty                  | 2,397 | 3,243 | 4,090 | 4,937 | 5,783 | 6,630 | 7,477 | 8,323 |
|   | +     | +     | +     | +     | +     | +     | +     | +     |

| Code     | 50%       |                     |                |
|----------|-----------|---------------------|----------------|
|          | Fixed Fee | Prompt Pay Discount | Discounted Fee |
| <b>B</b> | \$10.00   | (\$5.00)            | \$5.00         |
| <b>C</b> | \$11.00   | (\$5.50)            | \$5.50         |
| <b>D</b> | \$12.00   | (\$6.00)            | \$6.00         |
| <b>E</b> | \$15.00   | (\$7.50)            | \$7.50         |
| <b>F</b> | \$20.00   | (\$10.00)           | \$10.00        |





**COMMUNITY CLINIC OF MAUI, INC.**  
**dba MALAMA I KE OLA HEALTH CENTER**  
**SLIDING FEE SCALE**

Effective Date: 05/01/19

**SERVICE LINE: ALL PROGRAMS EXCEPT DENTAL, BEHAVIORAL HEALTH, FAMILY PLANNING AND PHARMACY**

| Number of Family Members                    | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8      |
|---|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Annual Income Ranges:</b>                |        |        |        |        |        |        |        |        |
| <b>B</b> =<100% of Poverty (Nominal Charge) | 14,380 | 19,460 | 24,540 | 29,620 | 34,700 | 39,780 | 44,860 | 49,940 |
| <b>C</b> 101 - 150% of Poverty              | 14,381 | 19,461 | 24,541 | 29,621 | 34,701 | 39,781 | 44,861 | 49,941 |
| <b>D</b> 151 - 175% of Poverty              | 21,571 | 29,191 | 36,811 | 44,431 | 52,051 | 59,671 | 67,291 | 74,911 |
| <b>E</b> 176 - 200% of Poverty              | 25,166 | 34,055 | 42,945 | 51,835 | 60,725 | 69,615 | 78,505 | 87,395 |
| <b>F</b> > 200% of Poverty                  | 28,761 | 38,921 | 49,081 | 59,241 | 69,401 | 79,561 | 89,721 | 99,881 |
|   | +      | +      | +      | +      | +      | +      | +      | +      |

*For households with members greater than above, add \$5,080 to code B income amounts for each additional person in the household.*

|   |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|
| <b>Monthly Income Ranges:</b>               |       |       |       |       |       |       |       |       |
| <b>B</b> =<100% of Poverty (Nominal Charge) | 1,198 | 1,622 | 2,045 | 2,468 | 2,892 | 3,315 | 3,738 | 4,162 |
| <b>C</b> 101 - 150% of Poverty              | 1,198 | 1,622 | 2,045 | 2,468 | 2,892 | 3,315 | 3,738 | 4,162 |
| <b>D</b> 151 - 175% of Poverty              | 1,798 | 2,433 | 3,068 | 3,703 | 4,338 | 4,973 | 5,608 | 6,243 |
| <b>E</b> 176 - 200% of Poverty              | 2,097 | 2,838 | 3,579 | 4,320 | 5,061 | 5,801 | 6,542 | 7,283 |
| <b>F</b> > 200% of Poverty                  | 2,397 | 3,243 | 4,090 | 4,937 | 5,783 | 6,630 | 7,477 | 8,323 |
|   | +     | +     | +     | +     | +     | +     | +     | +     |

| Code | Fixed Fee | 50%                 |                |
|------|-----------|---------------------|----------------|
|      |           | Prompt Pay Discount | Discounted Fee |
| B    | \$25.00   | (\$12.50)           | \$12.50        |
| C    | \$35.00   | (\$17.50)           | \$17.50        |
| D    | \$75.00   | (\$37.50)           | \$37.50        |
| E    | \$100.00  | (\$50.00)           | \$50.00        |
| F    | \$150.00  | (\$75.00)           | \$75.00        |



COMMUNITY CLINIC OF MAUI, INC.  
 dba MALAMA I KE OLA HEALTH CENTER  
 SLIDING FEE SCALE  
 SERVICE LINE: DENTAL

Revised Effective Date: 11/01/20

| Number of Family Members                       | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> |
|--|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Annual Income Ranges:</b>                   |          |          |          |          |          |          |          |          |
| <b>B</b> =<100% of Poverty<br>(Nominal Charge) | 14,680   | 19,830   | 24,980   | 30,130   | 35,280   | 40,430   | 45,580   | 50,730   |
| <b>C</b> 101 - 150% of Poverty                 | 14,681   | 19,831   | 24,981   | 30,131   | 35,281   | 40,431   | 45,581   | 50,731   |
| <b>D</b> 151 - 175% of Poverty                 | 22,020   | 29,745   | 37,470   | 45,195   | 52,920   | 60,645   | 68,370   | 76,095   |
| <b>E</b> 176 - 200% of Poverty                 | 22,021   | 29,746   | 37,471   | 45,196   | 52,921   | 60,646   | 68,371   | 76,096   |
| <b>F</b> > 200% of Poverty                     | 25,690   | 34,703   | 43,715   | 52,728   | 61,740   | 70,753   | 79,765   | 88,778   |
|  | 25,691   | 34,704   | 43,716   | 52,729   | 61,741   | 70,754   | 79,766   | 88,779   |
|  | 29,360   | 39,660   | 49,960   | 60,260   | 70,560   | 80,860   | 91,160   | 101,460  |
|  | 29,361   | 39,661   | 49,961   | 60,261   | 70,561   | 80,861   | 91,161   | 101,461  |
|  | +        | +        | +        | +        | +        | +        | +        | +        |

| Code     | Level of Service    | Fee (Note A)      | 50% Prompt Pay Discount | Discounted Fee (% of charges) |
|----------|---------------------|-------------------|-------------------------|-------------------------------|
| <b>B</b> | <b>Basic</b>        | \$50.00 Flat Fee  | (\$25.00)               | \$25.00                       |
|          | <b>Intermediate</b> | \$150.00 Flat Fee | (\$75.00)               | \$75.00                       |
|          | <b>Complex</b>      | \$300.00 Flat Fee | (\$150.00)              | \$150.00                      |
| <b>C</b> |                     | 25% % of charges  | 50% discount            | 12.5%                         |
| <b>D</b> |                     | 50% % of charges  | 50% discount            | 25.0%                         |
| <b>E</b> |                     | 75% % of charges  | 50% discount            | 37.5%                         |
| <b>F</b> |                     | 100% % of charges | 50% discount            | 50.0%                         |

For households with members greater than above, add \$5,150 to code B income amounts for each additional person in the household.

**Note A: The nominal charge (flat fee) will always be less than the fee paid by a patient in sliding fee scale categories C through F.**

**Basic Services:** Preventive, acute emergency & diagnostic procedures (exams, recalls, radiographs, temporary fillings, denture adjustments, extractions, space maintenance)

**Intermediate Services:** Treatment of dental disease/early maintenance & restorative procedures (fillings, periodontal maintenance, endodontics for primary teeth, non-evasive endodontics)

**Complex Services:** Rehabilitative (fabrication of dentures, prosthetics, oral surgery & any other specialty services)