HONOR Community HEALTH
Live healthy. Be well.

Honor Community Health CARES Sliding Fee Discount Scale
2026 Dental Services

Slide Category		A	B	C	D	N/A
Poverty Level		0 - 100%	101 - 150%	151 - 175%	176 - 200%	> 200%
Preventative Dental Services						
Preventative Dental (Cleanings, Debridement, Routine Xrays, Routine exams, Fluoride, Varnish)	Required Fee per family member, per visit	Nominal fee $35	75% Discount (Minimum fee of $40)	50% Discount (Minimum fee of $45)	25% Discount (Minimum fee of $50)	100% of charges
Additional Dental Services						
Minor Restorative (Fillings and tooth extractions)	Required Fee per family member, per visit	Nominal fee $55	75% Discount (Minimum fee of $60)	50% Discount (Minimum fee of $65)	25% Discount (Minimum fee of $70)	100% of charges
FAMILY SIZE						
1	Annual(up to)	$ 15,960.00	$ 23,940.00	$ 27,930.00	$ 31,920.00	$ 31,921.00
	Monthly	$ 1,330.00	$ 1,995.00	$ 2,327.50	$ 2,660.00	$ 2,661.00
	Weekly	$ 306.92	$ 460.38	$ 537.12	$ 613.85	$ 614.85
2	Annual(up to)	$ 21,640.00	$ 32,460.00	$ 37,870.00	$ 43,280.00	$ 43,281.00
	Monthly	$ 1,803.33	$ 2,705.00	$ 3,155.83	$ 3,606.67	$ 3,607.67
	Weekly	$ 416.15	$ 624.23	$ 728.27	$ 832.31	$ 833.31
3	Annual(up to)	$ 27,320.00	$ 40,980.00	$ 47,810.00	$ 54,640.00	$ 54,641.00
	Monthly	$ 2,276.67	$ 3,415.00	$ 3,984.17	$ 4,553.33	$ 4,554.33
	Weekly	$ 525.38	$ 788.08	$ 919.42	$ 1050.77	$ 1,051.77
4	Annual(up to)	$ 33,000.00	$ 49,500.00	$ 57,750.00	$ 66,000.00	$ 66,001.00
	Monthly	$ 2,750.00	$ 4,125.00	$ 4,812.50	$ 5,500.00	$ 5,501.00
	Weekly	$ 634.62	$ 951.92	$ 1110.58	$ 1269.23	$ 1,270.23
5	Annual(up to)	$ 38,680.00	$ 58,020.00	$ 67,690.00	$ 77,360.00	$ 77,361.00
	Monthly	$ 3,223.33	$ 4,835.00	$ 5,640.83	$ 6,446.67	$ 6,447.67
	Weekly	$ 743.85	$ 1115.77	$ 1301.73	$ 1487.69	$ 1,488.69
6	Annual(up to)	$ 44,360.00	$ 66,540.00	$ 77,630.00	$ 88,720.00	$ 88,721.00
	Monthly	$ 3,696.67	$ 5,545.00	$ 6,469.17	$ 7,393.33	$ 7,394.33
	Weekly	$ 853.08	$ 1279.62	$ 1492.88	$ 1706.15	$ 1,707.15
7	Annual(up to)	$ 50,040.00	$ 75,060.00	$ 87,570.00	$ 100,080.00	$ 100,081.00
	Monthly	$ 4,170.00	$ 6,255.00	$ 7,297.50	$ 8,340.00	$ 8,341.00
	Weekly	$ 962.31	$ 1443.46	$ 1684.04	$ 1924.62	$ 1,925.62
8	Annual(up to)	$ 55,720.00	$ 83,580.00	$ 97,510.00	$ 111,440.00	$ 111,441.00
	Monthly	$ 4,643.33	$ 6,965.00	$ 8,125.83	$ 9,286.67	$ 9,287.67
	Weekly	$ 1071.54	$ 1607.31	$ 1875.19	$ 2143.08	$ 2,144.08
Each Additional Person	Annual(up to)	$ 5,680.00	$ 8,520.00	$ 9,940.00	$ 11,360.00	$ 11,361.00
	Monthly	$ 473.33	$ 710.00	$ 828.33	$ 946.67	$ 947.67
	Weekly	$ 109.23	$ 163.85	$ 191.15	$ 218.46	$ 219.46

Updated using Federal Poverty Guidelines for 2026