



Via Care serves all patients, regardless of their health coverage status. We accept most public health care plans, including Medi-cal, Medicare, MHLA, and provide health plan enrollment assistance. Discounts are offered to self-paying patients depending on family size and income.

eff. 1/16/2024

Exhibit A

FEDERAL POVERTY GUIDELINES 2024-2025					
GROSS ANNUAL INCOME					
Family Size	A From - To Annual	B From - To Annual	C From - To Annual	D From - To Annual	E Over Annual
1	\$ 0 - \$ 15,060	\$ 15,061 - \$ 20,782	\$ 20,783 - \$ 22,590	\$ 22,591 - \$ 30,119	\$30,120
2	\$ 0 - \$ 20,440	\$ 20,441 - \$ 28,206	\$ 28,207 - \$ 30,660	\$ 30,661 - \$ 40,879	\$40,880
3	\$ 0 - \$ 25,820	\$ 25,821 - \$ 35,632	\$ 35,633 - \$ 38,730	\$ 38,731 - \$ 51,639	\$51,640
4	\$ 0 - \$ 31,200	\$ 31,201 - \$ 43,056	\$ 43,057 - \$ 46,800	\$ 46,801 - \$ 62,399	\$62,400
5	\$ 0 - \$ 36,580	\$ 36,581 - \$ 50,480	\$ 50,481 - \$ 54,870	\$ 54,871 - \$ 73,159	\$73,160
6	\$ 0 - \$ 41,960	\$ 41,961 - \$ 57,905	\$ 57,906 - \$ 62,940	\$ 62,941 - \$ 83,919	\$83,920
7	\$ 0 - \$ 47,340	\$ 47,341 - \$ 65,329	\$ 65,330 - \$ 71,010	\$ 71,011 - \$ 94,679	\$94,680
8	\$ 0 - \$ 52,720	\$ 52,721 - \$ 72,754	\$ 72,755 - \$ 79,080	\$ 79,081 - \$ 105,439	\$105,440
Each Additional Person	\$5,380	\$7,424	\$8,070	\$10,760	\$12,804
Poverty Level	0% to 100% Poverty	101 % to 138% Poverty	139% to 150% Poverty	151% to 199% Poverty	200% and above Poverty

The Federal Poverty Guidelines (FPG) published in the Federal Register are generally updated annually to account for increases in the Consumer Price Index; they are also available on the U.S. Health and Human Services website at <http://aspe.hhs.gov/poverty>

SLIDING FEE DISCOUNT SCHEDULE 2024-2025

Service Visit Type	A	B	C	D	E
Primary Care and Inclusive Labs	\$35.00	\$51.00	\$81.00	\$121.00	\$203.00
Psychiatry Services	\$35.00	\$51.00	\$81.00	\$121.00	\$203.00
Retinal	\$35.00	\$40.00	\$45.00	\$50.00	\$74.00
Nutrition Counseling Individual /Group	\$25.00 \$5.00	\$40.00 \$10.00	\$63.00 \$15.00	\$95.00 \$20.00	\$122.00 \$25.00
Podiatry visit (including trim nails) est.	\$55.00	\$65.00	\$65.00	\$90.00	\$150.00
Podiatry Procedures	\$75.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Behavioral Health Substance Abuse	\$25 individual \$5 group	\$35 individual \$10 group	\$55 individual \$15 group	\$80 individual \$20 group	\$140 individual \$25 group
Clinical Pharmacy Services	\$10.00	\$43.00	\$70.00	\$105.00	\$175.00
Pharmacy	\$ 5 Generic+OTC \$ 10 Brand (+ the cost of medication)	\$ 6 Generic+OTC \$ 12 Brand (+ the cost of medication)	\$ 7 Generic+OTC \$ 14 Brand (+ the cost of medication)	\$ 8 Generic+OTC \$ 16 Brand (+ the cost of medication)	\$ 10 Generic+OTC \$ 20 Brand (+ the cost of medication)
Dental Level 1 - prevention, emergencies, extractions, (includes exam, cleaning, x rays)	\$55.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Dental Level 2a - Simple Restorative (single surface fillings)	\$65.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Dental Level 2b - Complex Restorative (2+surface fillings) resin	\$120.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Dental Level 3 : surgical extractions	\$120.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
(*) Dental Level 4a - Simple root canal (1 or 2 canals)	\$300.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
(*) Dental Level 4b - Complex root canal (3+ canals)	\$400.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Dental Level 5 - Crown/dentures/partials	\$475.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
(*) One Fee for all visits needed to complete the procedure					
Dental Deep Cleaning	\$120.00	\$130.00	\$211.00	\$260.00	\$325.00

OTHER FEES

Flu Shot	\$20.00	Disability / Provider Letters	\$10.00
TB Test (Test and Reading)	\$10.00	All Other Medical forms	\$5.00
		Medical Records Request	\$15.00

EXCLUSIONS

Podiatry	Billed at actual costs: Cast or protective below knee walker boots, braces, and durable medical equipment.
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PAUTAS FEDERALES DE ELEGIBILIDAD DEL INGRESO 2024-2025

Personas	A Anual	B Anual	C Anual	D Anual	E Anual
1	\$ 0 - \$ 15,060	\$ 15,061 - \$ 20,782	\$ 20,783 - \$ 22,590	\$ 22,591 - \$ 30,119	\$30,120
2	\$ 0 - \$ 20,440	\$ 20,441 - \$ 28,206	\$ 28,207 - \$ 30,660	\$ 30,661 - \$ 40,879	\$40,880
3	\$ 0 - \$ 25,820	\$ 25,821 - \$ 35,632	\$ 35,633 - \$ 38,730	\$ 38,731 - \$ 51,639	\$51,640
4	\$ 0 - \$ 31,200	\$ 31,201 - \$ 43,056	\$ 43,057 - \$ 46,800	\$ 46,801 - \$ 62,399	\$62,400
5	\$ 0 - \$ 36,580	\$ 36,581 - \$ 50,480	\$ 50,481 - \$ 54,870	\$ 54,871 - \$ 73,159	\$73,160
6	\$ 0 - \$ 41,960	\$ 41,961 - \$ 57,905	\$ 57,906 - \$ 62,940	\$ 62,941 - \$ 83,919	\$83,920
7	\$ 0 - \$ 47,340	\$ 47,341 - \$ 65,329	\$ 65,330 - \$ 71,010	\$ 71,011 - \$ 94,679	\$94,680
8	\$ 0 - \$ 52,720	\$ 52,721 - \$ 72,754	\$ 72,755 - \$ 79,080	\$ 79,081 - \$ 105,439	\$105,440
Para personas mas de 8 en su familia	\$5,380	\$7,424	\$8,070	\$10,760	\$12,804
Nivel de Pobreza	0% to 100% FPL	101 % to 138% FPL	139% to 150% FPL	151% to 199% FPL	200% + FPL

Las Pautas Federales de Pobreza (FPG) publicadas en el Registro Federal se actualizan generalmente anualmente para tener en cuenta los aumentos en el Índice de Precios al Consumidor; también están disponibles en el sitio web de U.S. Health and Human Services en <http://aspe.hhs.gov/poverty>

PROGRAMA DE DESCUENTO DE TARIFA FLEXIBLE 2024-2025

Tipo de visita de servicio	A	B	C	D	E
Atencion primaria con Laboratorio	\$35.00	\$50.00	\$80.00	\$120.00	\$203.00
Servicios de Psiquiatria	\$35.00	\$51.00	\$81.00	\$121.00	\$203.00
Retiniana	\$35.00	\$40.00	\$45.00	\$50.00	\$74.00
Nutricion Consejeria Individual /Grupo	\$25.00 \$5.00	\$40.00 \$10.00	\$60.00 \$15.00	\$90.00 \$20.00	\$122.00 \$25.00
Podiatria	\$55.00	\$65.00	\$75.00	\$90.00	\$150.00
Podiatria Procedimientos (vista)	\$75.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Salud Mental y Abuso de Sustancias	\$25 individual \$5 group	\$35 individual \$10 group	\$55 individual \$15 group	\$80 individual \$20 group	\$140 individual \$25 group
Servicios de Farmacia Clínica	\$10.00	\$43.00	\$70.00	\$105.00	\$175.00
Farmacia	\$ 5 Generic+OTC \$ 10 Brand (+ el costo de la medicación)	\$ 6 Generic+OTC \$ 12 Brand (+ el costo de la medicación)	\$ 7 Generic+OTC \$ 14 Brand (+ el costo de la medicación)	\$ 8 Generic+OTC \$ 16 Brand (+ el costo de la medicación)	\$ 10 Generic+OTC \$ 20 Brand (+ el costo de la medicación)
Dental Nivel 1 - preventivo, emergencias, extracciones, limpieza (incluye examen, radiografias)	\$55.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Dental Nivel 2a - Simple Restarativo (soltero)	\$65.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Dental Nivel 2b - restarativo complejo (2+rellenos) resin	\$120.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Dental Nivel 3 : extracciones quieurgicas	\$120.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
(*) Dental Nivel 4a - Simple canal radicular (1 or 2 canals)	\$300.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
(*) Dental Nivel 4b - complejo canal radicular (3+ canals)	\$400.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Dental Nivel 5 - corona/dentaduras/parciales	\$475.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
(*) Una tarifa para todas las visitas necesarias para completar el procedimiento					
Limpieza profunda	\$120.00	\$130.00	\$211.00	\$260.00	\$325.00

Otros Gastos

Vacana Antigripal	\$20.00	Carta de discapacidad	\$10.00
Examen de Tuberculosis	\$10.00	Otras cartas medicas	\$5.00
		Solicitud Registros Medicos	\$15.00

Exclusions

Podiatria	Gastos : Lance o protección debajo de las botas de rodillera, aparatos ortopédicos y equipo médico duradero
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eff. 1/16/2024

Family Planning Title X

FEDERAL POVERTY GUIDELINES 2024-2025

GROSS ANNUAL INCOME

	A	B	C	D	E	F
Family Size	From - To	From - To	From - To	From - To	Over	Over
1	\$ 0 - \$ 15,060	\$ 15,061 - \$ 20,782	\$ 20,783 - \$ 22,590	\$ 22,591 - \$ 30,119	\$ 30,120 - \$ 37,649	\$37,650
2	\$ 0 - \$ 20,440	\$ 20,441 - \$ 28,206	\$ 28,207 - \$ 30,660	\$ 30,661 - \$ 40,879	\$ 40,880 - \$ 51,099	\$51,100
3	\$ 0 - \$ 25,820	\$ 25,821 - \$ 35,632	\$ 35,633 - \$ 38,730	\$ 38,731 - \$ 51,639	\$ 51,640 - \$ 64,549	\$64,550
4	\$ 0 - \$ 31,200	\$ 31,201 - \$ 43,056	\$ 43,057 - \$ 46,800	\$ 46,801 - \$ 62,399	\$ 62,400 - \$ 77,999	\$78,000
5	\$ 0 - \$ 36,580	\$ 36,581 - \$ 50,480	\$ 50,481 - \$ 54,870	\$ 54,871 - \$ 73,159	\$ 73,160 - \$ 91,449	\$91,450
6	\$ 0 - \$ 41,960	\$ 41,961 - \$ 57,905	\$ 57,906 - \$ 62,940	\$ 62,941 - \$ 83,919	\$ 83,920 - \$ 104,899	\$104,900
7	\$ 0 - \$ 47,340	\$ 47,341 - \$ 65,329	\$ 65,330 - \$ 71,010	\$ 71,011 - \$ 94,679	\$ 94,680 - \$ 118,349	\$118,350
8	\$ 0 - \$ 52,720	\$ 52,721 - \$ 72,754	\$ 72,755 - \$ 79,080	\$ 79,081 - \$ 105,439	\$ 105,440 - \$ 131,799	\$131,800
Each Additional Person	\$5,380	\$7,424	\$8,070	\$10,760	\$12,804	\$13,450
Poverty Level	0%-100% Poverty	101 %-138% Poverty	139%-150% Poverty	151%-199% Poverty	200%-249% Poverty	250% and above

The Federal Poverty Guidelines (FPG) published in the Federal Register are generally updated annually to account for increases in the Consumer Price Index; they are also available on the U.S. Health and Human Services website at <http://aspe.hhs.gov/poverty>

	A	B	C	D	E	F
Family Planning Services	FAM PACT PROGRAM (HAP CARD)				NO FEE Services covered under Title X	

***This sliding fee schedule is used for the non-qualified FAM-PACT due to income use for TITLE X up to 250% poverty level.