

# Tulip Tree Family Health Care

<b>Medical and</b>	0-100%	101%	138%
	PLAN P	PLAN Q	
	<b>Medical</b>	<b>Medical</b>	
	Appointments	\$25.00	\$35.00
Most Procedures if not covered in base fee, Injections, Other	Nominal Fee for all visit services. Only additional charges for labs and injections.vaccines.	Same Fee for all visit services. Only additional charges for labs, injections.vaccines.	
	<b>Dental</b>	<b>Dental</b>	
Initial Routine Appt			
Exam & X-Rays: Bitewings & Panoramic (D0150, D0274, D0330)	\$40.00	\$41.00	
Initial Cleaning (D1110, D1120)	\$40.00	\$41.00	
Most Other	Nominal \$40 for any dental visit inclusive, except prosthetics.	50% Discount/ 25% Dentures	
# in the household	Annual Income less than or equal to	Annual Income more than	Annual Income less than or equal to

# Tulip Tree Family Health Care

## Medical and Dental Sliding Fee Scale - Effective 2/20/2020

1	\$12,760	\$12,760	\$17,609
2	\$17,240	\$17,240	\$23,791
3	\$21,720	\$21,720	\$29,974
4	\$26,200	\$26,200	\$36,156
5	\$30,680	\$30,680	\$42,338
6	\$35,160	\$35,160	\$48,521
7	\$39,640	\$39,640	\$54,703
8	\$44,120	\$44,120	\$60,886
For each addition person, add	\$4,480	\$4,480	\$6,182

For each additional person in the household, at 100% and below FPL, add \$4,420 per additional member

# Tulip Tree Family Health Care

<b>Medical and Dental Services</b>	PLAN T		PLAN R	
	139%		200%	
	Medical		Medical	
	Dental		Dental	
Appointments	\$40.00		\$50.00	
Most Procedures if not covered in base fee, Injections, Other	Same Fee for all visit services. Only additional charges for labs, injections.vaccines.		Same Fee for all visit services. Only additional charges for labs, injections.vaccines.	
Initial Routine Appt	\$44.00		\$48.00	
Exam & X-Rays: Bitewings & Panoramic (D0150, D0274, D0330)				
Initial Cleaning (D1110, D1120)				
Most Other	50% Additional Discount/ 20% Dentures		50% Additional Discount/ 15% Dentures	
# in the household	Annual Income more than	Annual Income less than or equal to	Annual Income more than	Annual Income less than

# Tulip Tree Family Health Care

## Medical and Dental Sliding Fee Scale - Effective 2/20/2020

1	\$17,609	\$19,140	\$19,140	\$25,520
2	\$23,791	\$25,860	\$25,860	\$34,480
3	\$29,974	\$32,580	\$32,580	\$43,440
4	\$36,156	\$39,300	\$39,300	\$52,400
5	\$42,338	\$46,020	\$46,020	\$61,360
6	\$48,521	\$52,740	\$52,740	\$70,320
7	\$54,703	\$59,460	\$59,460	\$79,280
8	\$60,886	\$66,180	\$66,180	\$88,240
For each addition person, add	\$6,182	\$6,720	\$6,720	\$8,960

number. These guidelines are issued annually by the US Department of Health and Human Services.