

**APPENDIX I**

**COMMUNITY CLINIC OF MAUI, INC.  
dba MALAMA I KE OLA HEALTH CENTER  
SLIDING FEE SCALE  
SERVICE LINE: MEDICAL EXCEPT FAMILY PLANNING**

**Effective Date: 02/01/26**

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>A</b> =<100% of Poverty (Nominal Charge)	18,360	24,890	31,420	37,950	44,480	51,010	57,540	64,070
<b>B</b> 101 - 150% of Poverty	18,361	24,891	31,421	37,951	44,481	51,011	57,541	64,071
	27,540	37,335	47,130	56,925	66,720	76,515	86,310	96,105
<b>C</b> 151 - 175% of Poverty	27,541	37,336	47,131	56,926	66,721	76,516	86,311	96,106
	32,130	43,558	54,985	66,413	77,840	89,268	100,695	112,123
<b>D</b> 176 - 200% of Poverty	32,131	43,559	54,986	66,414	77,841	89,269	100,696	112,124
	36,720	49,780	62,840	75,900	88,960	102,020	115,080	128,140
<b>E</b> > 200% of Poverty	36,721	49,781	62,841	75,901	88,961	102,021	115,081	128,141
	+	+	+	+	+	+	+	+

Code	Fixed Fee	Prompt Pay Discount	Discounted Fee
<b>A</b>	\$25.00	(\$12.50)	\$12.50
<b>B</b>	\$35.00	(\$17.50)	\$17.50
<b>C</b>	\$75.00	(\$37.50)	\$37.50
<b>D</b>	\$100.00	(\$50.00)	\$50.00
<b>E</b>	\$170.00	(\$85.00)	\$85.00

*For households with members greater than above, add \$6,530 to code A income amounts for each additional person in the household.*

**Monthly Income Ranges:**

<b>A</b> =<100% of Poverty (Nominal Charge)	1,530	2,074	2,618	3,163	3,707	4,251	4,795	5,339
<b>B</b> 101 - 150% of Poverty	1,530	2,074	2,618	3,163	3,707	4,251	4,795	5,339
	2,295	3,111	3,928	4,744	5,560	6,376	7,193	8,009
<b>C</b> 151 - 175% of Poverty	2,295	3,111	3,928	4,744	5,560	6,376	7,193	8,009
	2,678	3,630	4,582	5,534	6,487	7,439	8,391	9,344
<b>D</b> 176 - 200% of Poverty	2,678	3,630	4,582	5,534	6,487	7,439	8,391	9,344
	3,060	4,148	5,237	6,325	7,413	8,502	9,590	10,678
<b>E</b> > 200% of Poverty	3,060	4,148	5,237	6,325	7,413	8,502	9,590	10,678
	+	+	+	+	+	+	+	+

*Sliding Fee Discount Program (SFDP) discounts are available only to individuals and families with annual incomes at or below 200% of the Federal Poverty Guidelines (FPG). Patients with annual incomes above 200% FPG are not eligible for SFDP discounts. Any reduced charges for patients above 200% FPG are not part of the HRSA SFDP and may be supported by non-HRSA funding sources, when available.*



**APPENDIX I**

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

Effective Date: **02/01/26**

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>A</b> =<100% of Poverty (Nominal Charge)	18,360	24,890	31,420	37,950	44,480	51,010	57,540	64,070
<b>B</b> 101 - 150% of Poverty	18,361	24,891	31,421	37,951	44,481	51,011	57,541	64,071
	27,540	37,335	47,130	56,925	66,720	76,515	86,310	96,105
<b>C</b> 151 - 175% of Poverty	27,541	37,336	47,131	56,926	66,721	76,516	86,311	96,106
	32,130	43,558	54,985	66,413	77,840	89,268	100,695	112,123
<b>D</b> 176 - 200% of Poverty	32,131	43,559	54,986	66,414	77,841	89,269	100,696	112,124
	36,720	49,780	62,840	75,900	88,960	102,020	115,080	128,140
<b>E</b> 201 - 250% of Poverty*	36,721	49,781	62,841	75,901	88,961	102,021	115,081	128,141
	45,900	62,225	78,550	94,875	111,200	127,525	143,850	160,175
<b>F</b> > 250% of Poverty**	45,901	62,226	78,551	94,876	111,201	127,526	143,851	160,176
	+	+	+	+	+	+	+	+

Code	Fixed Fee	Prompt Pay Discount	Discounted Fee*
<b>A</b>	\$0.00	\$0.00	\$0.00
<b>B</b>	\$35.00	(\$17.50)	\$17.50
<b>C</b>	\$75.00	(\$37.50)	\$37.50
<b>D</b>	\$100.00	(\$50.00)	\$50.00
<b>E</b>	\$125.00	(\$62.50)	\$62.50
<b>G</b>	\$150.00	(\$75.00)	\$75.00

For households with members greater than above, add \$6,530 to code A income amounts for each additional person in the household.

**Monthly Income Ranges:**

<b>A</b> =<100% of Poverty (Nominal Charge)	1,530	2,074	2,618	3,163	3,707	4,251	4,795	5,339
<b>B</b> 101 - 150% of Poverty	1,530	2,074	2,618	3,163	3,707	4,251	4,795	5,339
	2,295	3,111	3,928	4,744	5,560	6,376	7,193	8,009
<b>C</b> 151 - 175% of Poverty	2,295	3,111	3,928	4,744	5,560	6,376	7,193	8,009
	2,678	3,630	4,582	5,534	6,487	7,439	8,391	9,344
<b>D</b> 176 - 200% of Poverty	2,678	3,630	4,582	5,534	6,487	7,439	8,391	9,344
	3,060	4,148	5,237	6,325	7,413	8,502	9,590	10,678
<b>E</b> 201 - 250% of Poverty	3,060	4,148	5,237	6,325	7,413	8,502	9,590	10,678
	3,825	5,185	6,546	7,906	9,267	10,627	11,988	13,348
<b>F</b> > 250% of Poverty	3,825	5,186	6,546	7,906	9,267	10,627	11,988	13,348
	+	+	+	+	+	+	+	+

Sliding Fee Discount Program (SFDP) discounts are available only to individuals and families with annual incomes at or below 200% of the Federal Poverty Guidelines (FPG). Patients with annual incomes above 200% FPG are not eligible for SFDP discounts. Any reduced charges for patients above 200% FPG are not part of the HRSA SFDP and may be supported by non-HRSA funding sources, when available.



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**Effective Date: 02/01/26**

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

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>A</b> =<100% of Poverty (Nominal Charge)	18,360	24,890	31,420	37,950	44,480	51,010	57,540	64,070
<b>B</b> 101 - 150% of Poverty	18,361	24,891	31,421	37,951	44,481	51,011	57,541	64,071
	27,540	37,335	47,130	56,925	66,720	76,515	86,310	96,105
<b>C</b> 151 - 175% of Poverty	27,541	37,336	47,131	56,926	66,721	76,516	86,311	96,106
	32,130	43,558	54,985	66,413	77,840	89,268	100,695	112,123
<b>D</b> 176 - 200% of Poverty	32,131	43,559	54,986	66,414	77,841	89,269	100,696	112,124
	36,720	49,780	62,840	75,900	88,960	102,020	115,080	128,140
<b>E</b> > 200% of Poverty	36,721	49,781	62,841	75,901	88,961	102,021	115,081	128,141
	+	+	+	+	+	+	+	+

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

*For households with members greater than above, add \$6,530 to code A income amounts for each additional person in the household.*

**Monthly Income Ranges:**

<b>A</b> =<100% of Poverty (Nominal Charge)	1,530	2,074	2,618	3,163	3,707	4,251	4,795	5,339
<b>B</b> 101 - 150% of Poverty	1,530	2,074	2,618	3,163	3,707	4,251	4,795	5,339
	2,295	3,111	3,928	4,744	5,560	6,376	7,193	8,009
<b>C</b> 151 - 175% of Poverty	2,295	3,111	3,928	4,744	5,560	6,376	7,193	8,009
	2,678	3,630	4,582	5,534	6,487	7,439	8,391	9,344
<b>D</b> 176 - 200% of Poverty	2,678	3,630	4,582	5,534	6,487	7,439	8,391	9,344
	3,060	4,148	5,237	6,325	7,413	8,502	9,590	10,678
<b>E</b> > 200% of Poverty	3,060	4,148	5,237	6,325	7,413	8,502	9,590	10,678
	+	+	+	+	+	+	+	+

*Sliding Fee Discount Program (SFDP) discounts are available only to individuals and families with annual incomes at or below 200% of the Federal Poverty Guidelines (FPG). Patients with annual incomes above 200% FPG are not eligible for SFDP discounts. Any reduced charges for patients above 200% FPG are not part of the HRSA SFDP and may be supported by non-HRSA funding sources, when available.*



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**Effective Date: 02/01/26**

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

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>	Code	Level of Service	Fee (Note A)	50% Prompt Pay Discount	Discounted Fee (% of charges)	
<b>Annual Income Ranges:</b>														
<b>A</b>	=<100% of Poverty (Nominal Charge)	18,360	24,890	31,420	37,950	44,480	51,010	57,540	64,070	<b>A</b>	<b>Basic</b>	\$40.00 Flat Fee	(\$20.00)	\$20.00
										<b>Intermediate</b>	\$100.00 Flat Fee	(\$50.00)	\$50.00	
										<b>Complex</b>	\$200.00 + Lab Fee*	(\$100.00) (+ 50% Lab Fee)	\$100.00 + 50% Lab Fee	
<b>B</b>	101 - 150% of Poverty	18,361	24,891	31,421	37,951	44,481	51,011	57,541	64,071	<b>B</b>	40% % of charges	50% discount	20.0%	
		27,540	37,335	47,130	56,925	66,720	76,515	86,310	96,105					
<b>C</b>	151 - 175% of Poverty	27,541	37,336	47,131	56,926	66,721	76,516	86,311	96,106	<b>C</b>	60% % of charges	50% discount	30.0%	
		32,130	43,558	54,985	66,413	77,840	89,268	100,695	112,123					
<b>D</b>	176 - 200% of Poverty	32,131	43,559	54,986	66,414	77,841	89,269	100,696	112,124	<b>D</b>	80% % of charges	50% discount	40.0%	
		36,720	49,780	62,840	75,900	88,960	102,020	115,080	128,140					
<b>E</b>	> 200% of Poverty	36,721	49,781	62,841	75,901	88,961	102,021	115,081	128,141	<b>E</b>	100% % of charges	50% discount	50.0%	
		+	+	+	+	+	+	+	+					

For households with members greater than above, add \$6,530 to code A 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.**

**\* Lab Fees: Nightguard, Flipper or Reline is \$150; Crown Lab Fee is \$200 per tooth; Denture Lab Fee is \$300 per arch; Implant Lab Fee is \$1,000 per tooth.**

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

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