CHARLES B. WANG
COMMUNITY HEALTH CENTER

Charles B. Wang Community Health Center, Inc.

OB Package Fee Codes Based on Household Income and Size

Effective April 1, 2026

Family Size		GI Nominal	G2 Discount	G3 Discount	G4 Discount	G6 Full fee
FPL		100% or less	>100%	>133%	>167%	> 200%
Family Size	Income					
1	Annual	$0 - $15,960	$15,961 - $21,227	$21,228 - $26,653	$26,654 - $31,920	> $31,920
2	Annual	$0 - $21,640	$21,641 - $28,781	$28,782 - $36,139	$36,140 - $43,280	> $43,280
3	Annual	$0 - $27,320	$27,321 - $36,336	$36,337 - $45,624	$45,625 - $54,640	> $54,640
4	Annual	$0 - $33,000	$33,001 - $43,890	$43,891 - $55,110	$55,111 - $66,000	> $66,000
5	Annual	$0 - $38,680	$38,681 - $51,444	$51,445 - $64,596	$64,597 - $77,360	> $77,360
6	Annual	$0 - $44,360	$44,361 - $58,999	$59,000 - $74,081	$74,082 - $88,720	> $88,720
7	Annual	$0 - $50,040	$50,041 - $66,553	$66,554 - $83,567	$83,568 - $100,080	> $100,080
8	Annual	$0 - $55,720	$55,721 - $74,108	$74,109 - $93,052	$93,053 - $111,440	> $111,440
9	Annual	$0 - $61,400	$61,401 - $81,662	$81,663 - $102,538	$102,539 - $122,800	> $122,800
10	Annual	$0 - $67,080	$67,081 - $89,216	$89,217 - $112,024	$112,025 - $134,160	> $134,160

Sliding Fee Scale

	G1 Nominal	G2 Discount	G3 Discount	G4 Discount	G6 Full fee
Prenatal and postnatal provider visits (Including lab)	$700	$900	$1,100	$1,300	$2,100
NSVD	$1,000	$1,200	$1,400	$1,600	$1,800
C-Section	$1,200	$1,400	$1,600	$1,800	$2,000

This fee schedule is a general guide for payments based on patient's family size and income.

Package fee includes all prenatal care services done within the Charles B. Wang Community Health Center.
Patients are provided services regardless of their ability to pay.

Board Approved 2026.03.26