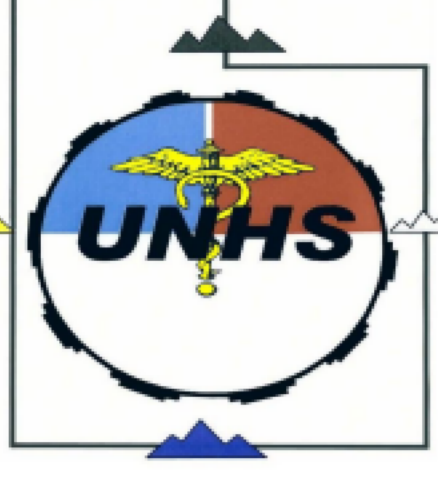


Clinical



UTAH NAVAJO HEALTH SYSTEM, INC.
Medical, Dental, and Pharmacy
P.O. BOX 130
MONTEZUMA CREEK, UTAH 84534

SLIDING FEE DISCOUNT BASED ON INCOME ELIGIBILITY TABLE

HOW TO USE THIS CHART


1. IN THE LEFT-HAND COLUMN FIND THE SIZE OF YOUR FAMILY
 2. ON THE ROW OF FAMILY SIZE, FIND THE HOUSEHOLD ANNUAL INCOME
 3. WHEN YOU FIND YOUR INCOME LEVEL GO TO THE TOP OF THE COLUMN TO FIND THE PATIENTS NOMINAL/FLAT FEE RESPONSIBILITY
 IF YOU NEED ANY ASSISTANCE PLEASE ASK A MEMBER OF THE STAFF. THEY WILL BE HAPPY TO PROVIDE ASSISTANCE

EFFECTIVE 01/11/2024

CLINICAL		ANNUAL INCOME									
PATIENT RESPONSIBILITY	\$15 NOMINAL FEE	\$20 FLAT FEE		\$25 FLAT FEE		\$30 FLAT FEE		\$40 FLAT FEE		BILLED CHARGES	
FAMILY SIZE	<100% FPL	101 - 125% FPL		126-150% FPL		151-175% FPL		176 to 200% FPL		>200% FPL	
1	\$ 0 TO 15,060	15,060.01 TO	18,225	18,225.01 TO	22,590	22,590.01 TO	26,355	26,355.01 TO	30,120	30,120.01 TO	29,161 AND OVER
2	\$ 0 TO 20,440	20,440.01 TO	25,550	25,550.01 TO	30,660	30,660.01 TO	35,770	35,770.01 TO	40,880	40,880.01 TO	40,881 AND OVER
3	\$ 0 TO 25,820	25,820.01 TO	32,275	32,275.01 TO	38,730	38,730.01 TO	45,185	45,185.01 TO	51,640	51,640.01 TO	51,641 AND OVER
4	\$ 0 TO 31,200	31,200.01 TO	39,000	39,000.01 TO	46,800	46,800.01 TO	54,600	54,600.01 TO	62,400	62,400.01 TO	62,401 AND OVER
5	\$ 0 TO 36,580	36,580.01 TO	45,725	45,725.01 TO	54,871	54,871.01 TO	64,015	64,015.01 TO	73,160	73,160.01 TO	73,161 AND OVER
6	\$ 0 TO 41,960	41,960.01 TO	52,450	52,450.01 TO	62,940	62,940.01 TO	73,430	73,430.01 TO	83,920	83,920.01 TO	83,921 AND OVER
7	\$ 0 TO 47,340	47,340.01 TO	59,175	59,175.01 TO	71,010	71,010.01 TO	82,845	82,845.01 TO	94,680	94,680.01 TO	94,681 AND OVER
8	\$ 0 TO 52,720	52,720.01 TO	65,900	65,900.01 TO	79,080	79,080.01 TO	92,260	92,260.01 TO	105,440	105,440.01 TO	105,441 AND OVER
Each additional person	\$ 0 TO 5,380	5,381.01 TO	6,725.00	6,725.01 TO	8,070.00	8,070.01 TO	9,415.00	9,415.01 TO	10,760	10,760.01 TO	10,761 AND OVER

****NOMINAL/FLAT FEE or BILLED Charges - Whichever is less**
 Nominal/Flat fees are due at the time of service. It is the patients responsibility to provide proof of income and family size to the admitting office.
 Eye (Vision) exam only - Glasses frames, lenes and contact lenses are NOT eligible for sliding discount (Hardware)

Pharmacy



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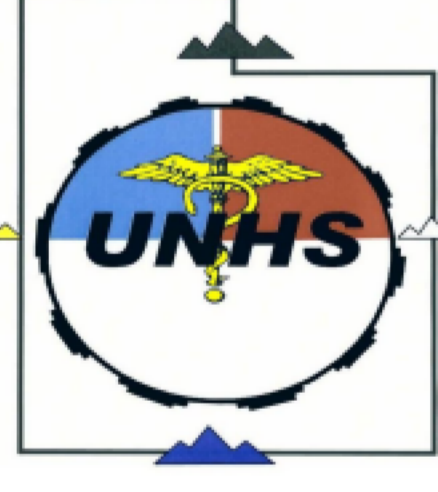
EFFECTIVE 01/11/2024

PHARMACY		ANNUAL INCOME									
PATIENT RESPONSIBILITY	NOMINAL FEE	FLAT FEE		FLAT FEE		FLAT FEE		FLAT FEE		BILLED CHARGES	
FAMILY SIZE	<100% FPL	101 - 125% FPL		126-150% FPL		151-175% FPL		176 to 200% FPL		>200% FPL	
1	\$ 0 TO 15,060	15,060.01 TO	18,825	18,825.01 TO	22,590	22,590.01 TO	26,355	26,355.01 TO	30,120	30,120.01 TO	30,121 AND OVER
2	\$ 0 TO 20,440	20,440.01 TO	25,550	25,550.01 TO	30,660	30,660.01 TO	35,770	35,770.01 TO	40,880	40,880.01 TO	40,881 AND OVER
3	\$ 0 TO 25,820	25,820.01 TO	32,275	32,275.01 TO	38,730	38,730.01 TO	45,185	45,185.01 TO	51,640	51,640.01 TO	51,641 AND OVER
4	\$ 0 TO 31,200	31,200.01 TO	39,000	39,000.01 TO	46,800	46,800.01 TO	54,600	54,600.01 TO	62,400	62,400.01 TO	62,401 AND OVER
5	\$ 0 TO 36,580	36,580.01 TO	45,725	45,725.01 TO	54,870	54,870.01 TO	64,015	64,015.01 TO	73,160	73,160.01 TO	73,161 AND OVER
6	\$ 0 TO 41,960	41,960.01 TO	52,450	52,450.01 TO	62,940	62,940.01 TO	73,430	73,430.01 TO	83,920	83,920.01 TO	83,921 AND OVER
7	\$ 0 TO 47,340	47,340.01 TO	59,175	59,175.01 TO	71,010	71,010.01 TO	82,845	82,845.01 TO	94,680	94,680.01 TO	94,681 AND OVER
8	\$ 0 TO 52,720	52,720.01 TO	65,900	65,900.01 TO	79,080	79,080.01 TO	92,260	92,260.01 TO	105,440	105,440.01 TO	105,441 AND OVER
Each additional person	\$ 0 TO 5,380	5,381.01 TO	6,725	6,725.01 TO	8,070	8,070.01 TO	9,415	9,415.01 TO	10,760	10,760.01 TO	10,761 AND OVER

PHARMACY FEE'S											
Generic Drugs	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	BILLED CHARGES					
Name Brand Drugs	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	BILLED CHARGES					

Nominal/Flat fees are due at the time of service. It is the patients responsibility to provide proof of income and family size to the admitting office.
 PHARMACY SLIDING DISCOUNT APPLIES ONLY TO UNHS FORMULARY DRUGS - NON-FORMULARY DRUGS ARE NOT COVERED UNDER THE SLIDING DISCOUNT
 For an explanation of the differences between generic, name brand and non-formulary drugs, please ask the pharmacist or your provider.
 Nominal/Flat fees are due at the time of service. It is the patients responsibility to provide proof of income and family size to the admitting office.
 THERE IS A NOMINAL/FLAT FEE DUE FOR EACH PERSCRPTION

Dental



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EFFECTIVE 01/11/2024

DENTAL		ANNUAL INCOME									
PATIENT RESPONSIBILITY	\$30 NOMINAL FEE	\$35 FLAT FEE		\$40 FLAT FEE		\$45 FLAT FEE		\$50 FLAT FEE		BILLED CHARGES	
FAMILY SIZE	<100% FPL	101 - 125% FPL		126-150% FPL		151-175% FPL		176 to 200% FPL		>200% FPL	
1	\$ 0 TO 15,060	15,060.01 TO	18,825	18,825.01 TO	22,590	22,590.01 TO	26,355	26,355.01 TO	30,120	30,120.01 TO	30,121 AND OVER
2	\$ 0 TO 20,440	20,440.01 TO	25,550	25,550.01 TO	30,660	30,660.01 TO	35,770	35,770.01 TO	40,880	40,880.01 TO	40,881 AND OVER
3	\$ 0 TO 25,820	25,820.01 TO	32,275	32,275.01 TO	38,730	38,730.01 TO	45,185	45,185.01 TO	51,640	51,640.01 TO	51,641 AND OVER
4	\$ 0 TO 31,200	31,200.01 TO	39,000	39,000.01 TO	46,800	46,800.01 TO	54,600	54,600.01 TO	62,400	62,400.01 TO	62,401 AND OVER
5	\$ 0 TO 36,580	36,580.01 TO	45,725	45,725.01 TO	54,870	54,870.01 TO	64,015	64,015.01 TO	73,160	73,160.01 TO	73,161 AND OVER
6	\$ 0 TO 41,960	41,960.01 TO	52,450	52,450.01 TO	62,940	62,940.01 TO	73,430	73,430.01 TO	83,920	83,920.01 TO	83,921 AND OVER
7	\$ 0 TO 47,340	47,340.01 TO	59,175	59,175.01 TO	71,010	71,010.01 TO	82,845	82,845.01 TO	94,680	94,680.01 TO	94,681 AND OVER
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Each additional person	\$ 0 TO 5,380	5,381.01 TO	6,725	6,725.01 TO	8,070	8,070.01 TO	9,415	9,415.01 TO	10,760	10,760.01 TO	10,761 AND OVER

DENTAL LAB/SUPPLIES NOT COVERED

Nominal/Flat fees are due at the time of service. It is the patients responsibility to provide proof of income and family size to the admitting office.
 Arrangements for payment of Major Dental Work can be made with the billing office. Arrangements must be made and approved prior to the service being performed.
 Basic dental services include initial examination, x-rays, cleaning, sealants, basic fillings & extractions
 All other services are defined as major dental work.
 Bleaching and other cosmetic enhancements are not covered by discounts must be paid for in full at time of service