


2026 Sliding Fee Discount Scale

	Slide Level A/ Nominal Fee ¹	Slide Level B	Slide Level C	Slide Level D
	≤ 100% FPL	101% - 125% FPL	126% - 150% FPL	151% - 200% FPL
Medical/Behavioral Health/Optometry Services				
A variety of services fall under this category including adult primary and behavioral care, child and adolescent care, optometry, addiction services, social services, and more.	\$20	\$25	\$30	\$40
Dental Tier 1				
Diagnostic and preventive care procedures include office visit, x-rays, oral evaluation, topical fluoride varnish, etc.	\$20	\$25	\$30	\$40
Dental Tier 2				
Restorative procedures are available with an additional fee. Services include sedative filling (aka protective restoration), recement crown, and nitrous oxide.	\$25	\$30	\$35	\$40
Dental Tier 3				
Other dental services, including tooth extraction, scaling for gingivitis inflammation, and application of desensitizing medication, are available for an additional fee.	\$40	\$50	\$60	\$70
Maximum Dental Fee				
To help minimize financial burden of dental services, a maximum fee is set for any combination of tiers 1, 2, and 3 for same-visit service.	\$85	\$105	\$125	\$150
¹ These are Board-approved nominal fees.				
River Valley Health acknowledges financial barriers exist above this cut-off. Please speak to a patient services representative to learn more about our flexible billing options. No patient will be denied services due to an inability to pay.				



2026 Eligibility Criteria - RVH Sliding Scale Discount Program

Size of Family Unit	Annual Income Ranges											
	Slide Level A/Nominal Fee			Slide Level B			Slide Level C			Slide Level D		
	≤ 100% FPL			101% - 125% FPL			126% - 150%			151% - 200% FPL		
1	\$0.00	-	\$15,960	\$15,961	-	\$19,950	\$19,951	-	\$23,940	\$23,941	-	\$31,920
2	\$0.00	-	\$21,640	\$21,641	-	\$27,050	\$27,051	-	\$32,460	\$32,461	-	\$43,280
3	\$0.00	-	\$27,320	\$27,321	-	\$34,150	\$34,151	-	\$40,980	\$40,981	-	\$54,640
4	\$0.00	-	\$33,000	\$33,001	-	\$41,250	\$41,251	-	\$49,500	\$49,501	-	\$66,000
5	\$0.00	-	\$38,680	\$38,681	-	\$48,350	\$48,351	-	\$58,020	\$58,021	-	\$77,360
6	\$0.00	-	\$44,360	\$44,361	-	\$55,450	\$55,451	-	\$66,540	\$66,541	-	\$88,720
7	\$0.00	-	\$50,040	\$50,041	-	\$62,550	\$62,551	-	\$75,060	\$75,061	-	\$100,080
8	\$0.00	-	\$55,720	\$55,721	-	\$69,650	\$69,651	-	\$83,580	\$83,581	-	\$111,440
For each additional person, add...			\$5,680	\$7,100			\$8,520			\$11,360		

Effective as of 2/4/2026 using 2026 Federal Poverty Guidelines

2026 Eligibility Criteria - RVH Sliding Scale Discount Program

Size of Family Unit	Monthly Income Ranges											
	Slide Level A/Nominal Fee			Slide Level B			Slide Level C			Slide Level D		
	≤ 100% FPL			101% - 125% FPL			126% - 150%			151% - 200% FPL		
1	\$0.00	-	\$1,330	\$1,331	-	\$1,663	\$1,664	-	\$1,995	\$1,996	-	\$2,660
2	\$0.00	-	\$1,803	\$1,804	-	\$2,254	\$2,255	-	\$2,705	\$2,706	-	\$3,606
3	\$0.00	-	\$2,277	\$2,278	-	\$2,846	\$2,847	-	\$3,415	\$3,416	-	\$4,553
4	\$0.00	-	\$2,750	\$2,751	-	\$3,438	\$3,439	-	\$4,125	\$4,126	-	\$5,500
5	\$0.00	-	\$3,223	\$3,224	-	\$4,029	\$4,030	-	\$4,835	\$4,836	-	\$6,447
6	\$0.00	-	\$3,697	\$3,698	-	\$4,621	\$4,622	-	\$5,545	\$5,546	-	\$7,393
7	\$0.00	-	\$4,170	\$4,171	-	\$5,213	\$5,214	-	\$6,255	\$6,256	-	\$8,340
8	\$0.00	-	\$4,643	\$4,644	-	\$5,804	\$5,805	-	\$6,965	\$6,966	-	\$9,287
For each additional person, add...			\$473	\$592			\$710			\$947		

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