


2025 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 including office visit, x-rays, oral evaluation, topical fluoride varnish, etc.	\$20	\$25	\$30	\$40
Dental Tier 2				
Restorative procedures 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, 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.				
Cherokee Health Systems 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.				



2025 Eligibility Criteria - CHS Sliding Scale Discount Program											
Size of Family Unit	Annual Income Ranges										
	Slide Level A/Nominal Fee ≤ 100% FPL			Slide Level B 101% - 125% FPL			Slide Level C 126% - 150% FPL			Slide Level D 151% - 200% FPL	
1	\$0.00	-	\$ 15,650	\$15,651	-	\$19,562	\$ 19,563	-	\$23,475	\$ 23,476	- \$ 31,300
2	\$0.00	-	\$ 21,150	\$21,151	-	\$26,437	\$ 26,438	-	\$31,725	\$ 31,726	- \$ 42,300
3	\$0.00	-	\$ 26,650	\$26,651	-	\$33,312	\$ 33,313	-	\$39,975	\$ 39,976	- \$ 53,300
4	\$0.00	-	\$ 32,150	\$32,151	-	\$40,187	\$ 40,188	-	\$48,225	\$ 48,226	- \$ 64,300
5	\$0.00	-	\$ 37,650	\$37,651	-	\$47,062	\$ 47,063	-	\$56,475	\$ 56,476	- \$ 75,300
6	\$0.00	-	\$ 43,150	\$43,151	-	\$53,937	\$ 53,938	-	\$64,725	\$ 64,726	- \$ 86,300
7	\$0.00	-	\$ 48,650	\$48,651	-	\$60,812	\$ 60,813	-	\$72,975	\$ 72,976	- \$ 97,300
8	\$0.00	-	\$ 54,150	\$54,151	-	\$67,687	\$ 67,688	-	\$81,225	\$ 81,226	- \$108,300
For each additional person, add...			\$ 5,500				\$ 6,875				\$ 8,250 \$ 11,000

Effective as of 2/5/2025 using 2025 Federal Poverty Guidelines

2025 Eligibility Criteria - CHS Sliding Scale Discount Program											
Size of Family Unit	Monthly Income Ranges										
	Slide Level A/Nominal Fee ≤ 100% FPL			Slide Level B 101% - 125% FPL			Slide Level C 126% - 150% FPL			Slide Level D 151% - 200% FPL	
1	\$0.00	-	\$ 1,304	\$ 1,305	-	\$ 1,630	\$ 1,631	-	\$ 1,956	\$ 1,957	- \$ 2,608
2	\$0.00	-	\$ 1,762	\$ 1,763	-	\$ 2,203	\$ 2,204	-	\$ 2,643	\$ 2,644	- \$ 3,525
3	\$0.00	-	\$ 2,220	\$ 2,221	-	\$ 2,776	\$ 2,777	-	\$ 3,331	\$ 3,332	- \$ 4,441
4	\$0.00	-	\$ 2,679	\$ 2,680	-	\$ 3,348	\$ 3,349	-	\$ 4,018	\$ 4,019	- \$ 5,358
5	\$0.00	-	\$ 3,137	\$ 3,138	-	\$ 3,921	\$ 3,922	-	\$ 4,706	\$ 4,707	- \$ 6,275
6	\$0.00	-	\$ 3,595	\$ 3,596	-	\$ 4,494	\$ 4,495	-	\$ 5,393	\$ 5,394	- \$ 7,191
7	\$0.00	-	\$ 4,054	\$ 4,055	-	\$ 5,067	\$ 5,068	-	\$ 6,081	\$ 6,082	- \$ 8,108
8	\$0.00	-	\$ 4,512	\$ 4,513	-	\$ 5,640	\$ 5,641	-	\$ 6,768	\$ 6,769	- \$ 9,025
For each additional person, add...			\$ 458				\$ 573				\$ 687 \$ 917

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