



# 2019 Northern Dental Plan Sliding Fee Scale

The Dental Clinics North Income Verification Form must be completed by the client to assess the correct Northern Dental Plan Sliding Fee Scale Plan.

Plan:		Bronze	Silver	Silver	Gold
		CHARGE			
Family Size	Income	100% Discount with Nominal Fee (\$20)	50% Discount	50% Discount	Dental Clinics North rates
1	Annual	0-\$12,490	\$12,491-\$17,236	\$17,237-\$18,735	\$18,736-\$24,980
	Monthly	0-\$1,041	\$1,042-\$1,436	\$1,437-\$1,561	\$1,562-\$2,082
2	Annual	0-16,910	16,911-23,336	23,337-25,365	25,366-33,820
	Monthly	0-1,409	1,410-1,945	1,946-2,114	2,115-2,818
3	Annual	0-21,330	21,331-29,435	29,436-31,995	31,996-42,600
	Monthly	0-1,778	1,779-2,453	2,454-2,666	2,667-3,555
4	Annual	0-25,750	25,751-35,535	35,536-38,625	38,626-51,500
	Monthly	0-2,146	2,147-2,961	2,962-3,219	3,220-4,292
5	Annual	0-30,170	30,171-41,635	41,636-45,255	45,256-60,340
	Monthly	0-2,514	2,515-3,470	3,471-3,771	3,772-5,028
6	Annual	0-34,590	34,591-47,734	47,735-51,885	51,886-69,180
	Monthly	0-2,883	2,884-3,978	3,979-4,324	4,325-5,765
7	Annual	0-39,010	39,011-53,834	53,835-58,515	58,516-78,020
	Monthly	0-3,251	3,252-4,486	4,487-4,876	4,877-6,502
8	Annual	0-43,430	43,431-59,933	59,934-65,145	65,146-86,860
	Monthly	0-3,619	3,620-4,994	4,995-5,429	5,430-7,238
For each additional person, add	Annual	\$4,420	\$6,100	\$6,630	\$8,840
	Monthly	\$368	\$508	\$553	\$737
Income Level		At or below 100%	101%-138%	139%-150%	151%-200%

\* Based on 2019 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

Dental Clinics North rates are discounted from standard office rates.