



# 2020 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-\$12,760	\$12,761-\$17,609	\$17,610-\$19,140	\$19,141-\$25,520
	Monthly	0-\$1,063	\$1,064-\$1,467	\$1,468-\$1,595	\$1,596-\$2,127
2	Annual	0-17,240	17,241-23,791	23,792-25,860	25,861-34,480
	Monthly	0-1,437	1,438-1,983	1,984-2,155	2,156-2,873
3	Annual	0-21,720	21,721-29,974	29,975-32,580	32,581-43,440
	Monthly	0-1,810	1,811-2,498	2,499-2,715	2,716-3,620
4	Annual	0-26,200	26,201-36,156	36,157-39,300	39,301-52,400
	Monthly	0-2,183	2,184-3,013	3,014-3,275	3,276-4,367
5	Annual	0-30,680	30,681-42,338	42,339-46,020	46,021-61,360
	Monthly	0-2,557	2,558-3,528	3,529-3,835	3,836-5,113
6	Annual	0-35,160	35,161-48,521	48,522-52,740	52,741-70,320
	Monthly	0-2,930	2,931-4,043	4,044-4,395	4,396-5,860
7	Annual	0-39,640	39,641-54,703	54,704-59,460	59,461-79,280
	Monthly	0-3,303	3,304-4,559	4,560-4,955	4,956-6,607
8	Annual	0-44,120	44,121-60,886	60,887-66,180	66,181-88,240
	Monthly	0-3,677	3,678-5,074	5,075-5,515	5,516-7,353
For each additional person, add	Annual	\$4,480	\$6,182	\$6,720	\$8,960
	Monthly	\$373	\$515	\$560	\$747
Income Level		At or below 100%	101%-138%	139%-150%	151%-200%

\* Based on 2020 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

Dental Clinics North rates are discounted from standard office rates.