

Pennyroyal Healthcare Services, Inc.

2025 Dental Sliding Fee Schedule
(Based on 2025 DHHS Federal Poverty Guidelines)
Effective February 2025

Poverty Level	Class A	Class B	Class C	Class D	Class E
	100% or below	101%-125%	126%-150%	151%-200%	> 200%
Family Size	\$100	Pay 70%	Pay 80%	Pay 90%	Full Fee
1	\$15,650	\$19,563	\$23,475	\$31,300	\$ 30,121
2	\$21,150	\$26,438	\$31,725	\$42,300	\$ 40,881
3	\$26,650	\$33,313	\$39,975	\$53,300	\$ 51,641
4	\$32,150	\$40,188	\$48,225	\$64,300	\$ 62,401
5	\$37,650	\$47,063	\$56,475	\$75,300	\$ 73,161
6	\$43,150	\$53,938	\$64,725	\$86,300	\$ 83,921
7	\$48,650	\$60,813	\$72,975	\$97,300	\$ 94,681
8	\$54,150	\$67,688	\$81,225	\$108,300	\$ 105,441
For each additional person, add	\$6,330				

****Patients are required to pay the full cost of labs and appliances (supplies) for dentures, crowns, bridges, extractions, root canals, etc**

**** Covered services include Preventative Dental Services (dental screenings, oral hygiene instructions, oral prophylaxis, topical application of fluoride, x-rays and imaging, and fill**

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