

MONTEREY COUNTY HEALTH DEPARTMENT  
 SLIDING FEE DISCOUNT PROGRAM (SFDP) - Effective 7/1/2026  
**Federal Poverty Level (FPL) 2-1-2026 to 2-28-2027**

\*\*\*\*\*ANNUAL INCOME LEVEL\*\*\*\*\*

Family Size	0 - 100 % Poverty	101% - 119% Poverty	120% - 132% Poverty	133% - 184% Poverty	185% - 200% Poverty	over 200% Poverty
1	0 - 15,960	15,961 - 19,151	19,152 - 21,226	21,227 - 29,525	29,526 - 31,920	31,921 and over
2	0 - 21,640	21,641 - 25,967	25,968 - 28,780	28,781 - 40,033	40,034 - 43,280	43,281 and over
3	0 - 27,320	27,321 - 32,783	32,784 - 36,335	36,336 - 50,541	50,542 - 54,640	54,641 and over
4	0 - 33,000	33,001 - 39,599	39,600 - 43,889	43,890 - 61,049	61,050 - 66,000	66,001 and over
5	0 - 38,680	38,681 - 46,415	46,416 - 51,443	51,444 - 71,557	71,558 - 77,360	77,361 and over
6	0 - 44,360	44,361 - 53,231	53,232 - 58,998	58,999 - 82,065	82,066 - 88,720	88,721 and over
7	0 - 50,040	50,041 - 60,047	60,048 - 66,552	66,553 - 92,573	92,574 - 100,080	100,081 and over
8	0 - 55,720	55,721 - 66,863	66,864 - 74,107	74,108 - 103,081	103,082 - 111,440	111,441 and over
9	0 - 61,400	61,401 - 73,679	73,680 - 81,661	81,662 - 113,589	113,590 - 122,800	122,801 and over
10	0 - 67,080	67,081 - 80,495	80,496 - 89,215	89,216 - 124,097	124,098 - 134,160	134,161 and over
each Additional						
person	5680 each	6815 each	7553 each	10507 each	11359 each	11360 each

\* Based upon 2026 Federal Health and Human Services (HHS) Poverty Level Guidelines by Household Size

**MONTEREY COUNTY HEALTH DEPARTMENT**  
**Sliding Fee Discount Program (SFDP) Schedule**  
 Effective 7/1/2026



		<b>Federal Poverty Level</b>	<b>0 - 100%</b>	<b>101 - 119%</b>	<b>120 - 132%</b>	<b>133 - 184%</b>	<b>185 - 200%</b>	<b>&gt; 200%</b>				
		<b>Medical - FLAT FEE</b>	<b>\$0</b>	<b>\$45</b>	<b>\$75</b>	<b>\$110</b>	<b>\$130</b>	<b>Full Charge</b>				
		<b>Dental - DISCOUNT PERCENTAGE</b>	<b>* \$50 Nominal Fee (max per visit)</b>	<b>70% discount</b>	<b>60% discount</b>	<b>50% discount</b>	<b>35% discount</b>	<b>Full Charge</b>				
<b>CDT Code</b>	<b>Nomenclature</b>											
D0120	periodic oral evaluation – established patient	*	\$	27	\$	36	\$	45	\$	59	\$	90
D0140	limited oral evaluation – problem focused	*	\$	40	\$	53	\$	66	\$	86	\$	132
D0145	oral evaluation for a patient under three years of age, counseling with primary caregiver	*	\$	34	\$	45	\$	56	\$	73	\$	112
D0150	comprehensive oral evaluation – new or established patient	*	\$	46	\$	61	\$	77	\$	99	\$	153
D0160	detailed and extensive oral evaluation – problem focused, by report	*	\$	71	\$	94	\$	118	\$	153	\$	235
D0170	re-evaluation – limited, problem focused (established patient not post-operative visit)	*	\$	35	\$	46	\$	58	\$	75	\$	115
D0171	re-evaluation – post-operative office visit	*	\$	33	\$	44	\$	56	\$	72	\$	111
D0180	comprehensive periodontal evaluation – new or established patient	*	\$	49	\$	65	\$	82	\$	106	\$	163
D0190	screening of a patient	*	\$	40	\$	53	\$	67	\$	86	\$	133
D0191	assessment of a patient	*	\$	38	\$	51	\$	64	\$	83	\$	127
D0210	intraoral – comprehensive series of radiographic images	*	\$	65	\$	87	\$	109	\$	141	\$	217
D0220	intraoral – periapical first radiographic image	*	\$	15	\$	20	\$	25	\$	33	\$	50
D0230	intraoral – periapical each additional radiographic image	*	\$	13	\$	17	\$	22	\$	28	\$	43
D0240	intraoral – occlusal radiographic image	*	\$	19	\$	26	\$	32	\$	42	\$	64
D0270	bitewing – single radiographic image	*	\$	15	\$	20	\$	25	\$	32	\$	49
D0272	bitewings – two radiographic images	*	\$	22	\$	29	\$	37	\$	47	\$	73
D0274	bitewings – four radiographic images	*	\$	31	\$	42	\$	52	\$	68	\$	104
D0330	panoramic radiographic image	*	\$	57	\$	76	\$	96	\$	124	\$	191
D0460	pulp vitality tests	*	\$	28	\$	38	\$	47	\$	61	\$	94
D0461	testing for cracked tooth	*	\$	-	\$	-	\$	-	\$	-	\$	-
D0470	diagnostic casts	*	\$	63	\$	84	\$	105	\$	136	\$	209
D0999	unspecified diagnostic procedure	*	\$	-	\$	-	\$	-	\$	-	\$	-
D1110	prophylaxis – adult	*	\$	46	\$	61	\$	76	\$	99	\$	152
D1120	prophylaxis – child	*	\$	33	\$	44	\$	56	\$	72	\$	111
D1206	topical application of fluoride varnish	*	\$	20	\$	26	\$	33	\$	43	\$	66
D1208	topical application of fluoride – excluding varnish	*	\$	19	\$	25	\$	32	\$	41	\$	63
D1310	nutritional counseling for control of dental disease	*	\$	29	\$	39	\$	49	\$	64	\$	98
D1320	tobacco counseling for the control and prevention of oral disease	*	\$	34	\$	46	\$	57	\$	74	\$	114
D1330	oral hygiene instructions	*	\$	26	\$	35	\$	44	\$	57	\$	87
D1351	sealant – per tooth	*	\$	26	\$	35	\$	44	\$	57	\$	88
D1353	sealant repair – per tooth	*	\$	27	\$	36	\$	46	\$	59	\$	91
D1354	application of caries arresting medicament – per tooth	*	\$	34	\$	45	\$	56	\$	73	\$	112
D1355	caries preventive medicament application – per tooth	*	\$	33	\$	44	\$	56	\$	72	\$	111
D1551	re-cement or re-bond bilateral space maintainer – maxillary	*	\$	47	\$	62	\$	78	\$	101	\$	155
D1552	re-cement or re-bond bilateral space maintainer – mandibular	*	\$	48	\$	64	\$	81	\$	105	\$	161
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	*	\$	49	\$	66	\$	82	\$	107	\$	164
D1556	removal of fixed unilateral space maintainer – per quadrant	*	\$	45	\$	60	\$	75	\$	97	\$	149
D1557	removal of fixed bilateral space maintainer – maxillary	*	\$	51	\$	68	\$	85	\$	111	\$	170
D1558	removal of fixed bilateral space maintainer – mandibular	*	\$	54	\$	72	\$	90	\$	116	\$	179
D1999	unspecified preventive procedure, by report	*	\$	-	\$	-	\$	-	\$	-	\$	-
D2140	amalgam – one surface, primary or permanent	*	\$	73	\$	98	\$	122	\$	159	\$	244
D2150	amalgam – two surfaces, primary or permanent	*	\$	93	\$	124	\$	156	\$	202	\$	311
D2160	amalgam – three surfaces, primary or permanent	*	\$	113	\$	151	\$	189	\$	245	\$	377
D2161	amalgam – four or more surfaces, primary or permanent	*	\$	136	\$	181	\$	226	\$	294	\$	452
D2330	resin-based composite – one surface, anterior	*	\$	85	\$	114	\$	142	\$	185	\$	284
D2331	resin-based composite – two surfaces, anterior	*	\$	102	\$	136	\$	170	\$	220	\$	339

D2332	resin-based composite – three surfaces, anterior	*	\$ 124	\$ 165	\$ 206	\$ 268	\$ 412
D2335	resin-based composite – four or more surfaces (anterior)	*	\$ 156	\$ 208	\$ 260	\$ 337	\$ 519
D2391	resin-based composite – one surface, posterior	*	\$ 91	\$ 121	\$ 151	\$ 196	\$ 302
D2392	resin-based composite – two surfaces, posterior	*	\$ 116	\$ 155	\$ 194	\$ 252	\$ 387
D2393	resin-based composite – three surfaces, posterior	*	\$ 140	\$ 187	\$ 234	\$ 304	\$ 468
D2394	resin-based composite – four or more surfaces, posterior	*	\$ 165	\$ 220	\$ 275	\$ 357	\$ 549
D2989	excavation of a tooth resulting in the determination of non-restorability	*	\$ 109	\$ 145	\$ 182	\$ 236	\$ 363
D2990	Resin infiltration of incipient smooth surface lesions	*	\$ 88	\$ 117	\$ 147	\$ 190	\$ 293
D2991	application of hydroxyapatite regeneration medicament – per tooth	*	\$ 49	\$ 66	\$ 82	\$ 107	\$ 164
D2999	unspecified restorative procedure	*	\$ -	\$ -	\$ -	\$ -	\$ -
D3110	pulp cap – direct	*	\$ 43	\$ 58	\$ 72	\$ 94	\$ 144
D3120	pulp cap – indirect	*	\$ 41	\$ 55	\$ 69	\$ 90	\$ 138
D3220	therapeutic pulpotomy	*	\$ 101	\$ 134	\$ 168	\$ 218	\$ 336
D3999	unspecified endodontic procedure, by report	*	\$ -	\$ -	\$ -	\$ -	\$ -
D4341	periodontal scaling and root planing – four or more teeth per quadrant	*	\$ 125	\$ 166	\$ 208	\$ 270	\$ 416
D4342	periodontal scaling and root planing – one to three teeth per quadrant	*	\$ 95	\$ 126	\$ 158	\$ 205	\$ 316
D4346	scaling - moderate or severe gingival inflammation – full mouth, after oral evaluation	*	\$ 83	\$ 110	\$ 138	\$ 179	\$ 275
D4355	full mouth debridement for comprehensive periodontal evaluation on a subsequent visit	*	\$ 89	\$ 119	\$ 149	\$ 194	\$ 298
D4910	periodontal maintenance	*	\$ 65	\$ 87	\$ 109	\$ 142	\$ 218
D4921	gingival irrigation with a medicinal agent – per quadrant	*	\$ 40	\$ 54	\$ 67	\$ 87	\$ 134
D4999	unspecified periodontal procedure, by report	*	\$ -	\$ -	\$ -	\$ -	\$ -
D5410	adjust complete denture – maxillary	*	\$ 46	\$ 61	\$ 77	\$ 99	\$ 153
D5411	adjust complete denture – mandibular	*	\$ 46	\$ 61	\$ 76	\$ 99	\$ 152
D5421	adjust partial denture – maxillary	*	\$ 45	\$ 60	\$ 75	\$ 98	\$ 150
D5422	adjust partial denture – mandibular	*	\$ 46	\$ 61	\$ 77	\$ 99	\$ 153
D5899	unspecified removable prosthodontic procedure by report	*	\$ -	\$ -	\$ -	\$ -	\$ -
D6049	scaling and debridement of a single implant in the presence of peri-implantitis	*	\$ 32	\$ 43	\$ 54	\$ 70	\$ 107
D6199	unspecified implant procedure, by report	*	\$ -	\$ -	\$ -	\$ -	\$ -
D6980	fixed partial denture repair	*	\$ 182	\$ 243	\$ 304	\$ 395	\$ 608
D6999	unspecified fixed prosthodontic procedure	*	\$ -	\$ -	\$ -	\$ -	\$ -
D7111	extraction, coronal remnants	*	\$ 68	\$ 90	\$ 113	\$ 147	\$ 226
D7140	extraction, erupted tooth or exposed root	*	\$ 98	\$ 130	\$ 163	\$ 211	\$ 325
D7910	Suture of recent small wounds - up to 5 cm	*	\$ 143	\$ 190	\$ 238	\$ 309	\$ 475
D7999	Unspecified oral surgery procedure - by report	*	\$ -	\$ -	\$ -	\$ -	\$ -
D9110	palliative treatment of dental pain – per visit	*	\$ 67	\$ 89	\$ 112	\$ 145	\$ 223
D9210	local anesthesia not in conjunction with operative or surgical procedures	*	\$ 37	\$ 50	\$ 62	\$ 81	\$ 124
D9430	office visit for observation, (during regularly scheduled hours) – no other services performed	*	\$ 39	\$ 52	\$ 65	\$ 85	\$ 130
D9310	consultation – diagnostic service, provided by dentist or physician other than requesting dentist or phys	*	\$ 65	\$ 87	\$ 109	\$ 141	\$ 217
D9440	office visit, after regularly scheduled hours	*	\$ 90	\$ 120	\$ 150	\$ 194	\$ 299
D9910	application of desensitizing medicament	*	\$ 29	\$ 39	\$ 49	\$ 63	\$ 97
D9951	occlusal adjustment – limited	*	\$ 89	\$ 119	\$ 149	\$ 193	\$ 297
D9961	duplicate/copy patient’s records	*	\$ 48	\$ 64	\$ 81	\$ 105	\$ 161
D9985	sales tax	*	\$ -	\$ -	\$ -	\$ -	\$ -
D9986	missed appointment	*	\$ -	\$ -	\$ -	\$ -	\$ -
D9987	cancelled appointment	*	\$ -	\$ -	\$ -	\$ -	\$ -
D9990	certified translation or sign-language services – per visit	*	\$ 39	\$ 52	\$ 65	\$ 85	\$ 130
D9991	dental case management – addressing appointment compliance barriers	*	\$ 41	\$ 55	\$ 69	\$ 89	\$ 137
D9994	dental case management – patient education to improve oral health literacy	*	\$ 36	\$ 48	\$ 60	\$ 78	\$ 120
D9995	teledentistry – synchronous real-time encounter	*	\$ 103	\$ 137	\$ 172	\$ 223	\$ 343
D9996	teledentistry – asynchronous information stored and forwarded to dentist for subsequent review	*	\$ 58	\$ 77	\$ 97	\$ 125	\$ 193
D9999	unspecified adjunctive procedure, by report	*	\$ -	\$ -	\$ -	\$ -	\$ -