Centennial Mental Health Center, Inc.

BEHAVIORAL HEALTH

SLIDING FEE DISCOUNT SCHEDULE

BASED ON THE 2026 FEDERAL POVERTY LEVEL

ALL ELIGIBLE PATIENTS

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
FAMILY SIZE	FPL >	0-100%	101-150%	151-200%	201-250%	251-300%	Over 300%
	DISCOUNT >	100% Discount $15 Nominal Charge.	$35 Fixed Payment.	$45 Fixed Payment	$55 Fixed Payment	$65 Fixed Payment	No Discount Pay Full Charges
	Qualifier	Income = to or Less Than:	Income = to or Less Than:	Income = to or Less Than:	Income = to or Less Than:	Income = to or Less Than:	Income Over:
1	Annual (up to)	$ 15,960	$ 23,940	$ 31,920	$ 39,900	$ 47,880	$ 47,880
	Monthly	$ 1,330	$ 1,995	$ 2,660	$ 3,325	$ 3,990	$ 3,990
	Weekly	$ 307	$ 460	$ 614	$ 767	$ 921	$ 921
	Hourly	$ 7.67	$ 11.51	$ 15.35	$ 19.18	$ 23.02	$ 23.02
2	Annual	$ 21,640	$ 32,460	$ 43,280	$ 54,100	$ 64,920	$ 64,920
	Monthly	$ 1,803	$ 2,705	$ 3,607	$ 4,508	$ 5,410	$ 5,410
	Weekly	$ 416	$ 624	$ 832	$ 1,040	$ 1,248	$ 1,248
	Hourly	$ 10.40	$ 15.61	$ 20.81	$ 26.01	$ 31.21	$ 31.21
3	Annual	$ 27,320	$ 40,980	$ 54,640	$ 68,300	$ 81,960	$ 81,960
	Monthly	$ 2,277	$ 3,415	$ 4,553	$ 5,692	$ 6,830	$ 6,830
	Weekly	$ 525	$ 788	$ 1,051	$ 1,313	$ 1,576	$ 1,576
	Hourly	$ 13.13	$ 19.70	$ 26.27	$ 32.84	$ 39.40	$ 39.40
4	Annual	$ 33,000	$ 49,500	$ 66,000	$ 82,500	$ 99,000	$ 99,000
	Monthly	$ 2,750	$ 4,125	$ 5,500	$ 6,875	$ 8,250	$ 8,250
	Weekly	$ 635	$ 952	$ 1,269	$ 1,587	$ 1,904	$ 1,904
	Hourly	$ 15.87	$ 23.80	$ 31.73	$ 39.66	$ 47.60	$ 47.60
5	Annual	$ 38,680	$ 58,020	$ 77,360	$ 96,700	$ 116,040	$ 116,040
	Monthly	$ 3,223	$ 4,835	$ 6,447	$ 8,058	$ 9,670	$ 9,670
	Weekly	$ 744	$ 1,116	$ 1,488	$ 1,860	$ 2,232	$ 2,232
	Hourly	$ 18.60	$ 27.89	$ 37.19	$ 46.49	$ 55.79	$ 55.79
6	Annual	$ 44,360	$ 66,540	$ 88,720	$ 110,900	$ 133,080	$ 133,080
	Monthly	$ 3,697	$ 5,545	$ 7,393	$ 9,242	$ 11,090	$ 11,090
	Weekly	$ 853	$ 1,280	$ 1,706	$ 2,133	$ 2,559	$ 2,559
	Hourly	$ 21.33	$ 31.99	$ 42.65	$ 53.32	$ 63.98	$ 63.98
7	Annual	$ 50,040	$ 75,060	$ 100,080	$ 125,100	$ 150,120	$ 150,120
	Monthly	$ 4,170	$ 6,255	$ 8,340	$ 10,425	$ 12,510	$ 12,510
	Weekly	$ 962	$ 1,443	$ 1,925	$ 2,406	$ 2,887	$ 2,887
	Hourly	$ 24.06	$ 36.09	$ 48.12	$ 60.14	$ 72.17	$ 72.17
8	Annual	$ 55,720	$ 83,580	$ 111,440	$ 139,300	$ 167,160	$ 167,160
	Monthly	$ 4,643	$ 6,965	$ 9,287	$ 11,608	$ 13,930	$ 13,930
	Weekly	$ 1,072	$ 1,607	$ 2,143	$ 2,679	$ 3,215	$ 3,215
	Hourly	$ 26.79	$ 40.18	$ 53.58	$ 66.97	$ 80.37	$ 80.37

***FOR FAMILY MEMBERS GREATER THAN 8, ADD $5,680 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL: $55,720+$5,680=$61,400**

Effective 01/01/2026

CEO **Date**

Centennial Mental Health Center, Inc.

MEDICAL

SLIDING FEE DISCOUNT SCHEDULE

BASED ON THE 2026 FEDERAL POVERTY LEVEL

ALL ELIGIBLE PATIENTS

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
	FPL >	0-100%	101-150%	151-200%	201-250%	251-300%	Over 300%
FAMILY SIZE	DISCOUNT >	100% Discount $15 Nominal Charge	$35 Fixed Payment.	$45 Fixed Payment	$55 Fixed Payment	$65 Fixed Payment	No Discount Pay Full Charges
	Qualifier	Income = to or Less Than:	Income = to or Less Than:	Income = to or Less Than:	Income = to or Less Than:	Income = to or Less Than:	Income Over:
1	Annual (up to)	$ 15,960	$ 23,940	$ 31,920	$ 39,900	$ 47,880	$ 47,880
	Monthly	$ 1,330.00	$ 1,995	$ 2,660	$ 3,325	$ 3,990	$ 3,990
	Weekly	$ 307	$ 460	$ 614	$ 767	$ 921	$ 921
	Hourly	$ 7.67	$ 11.51	$ 15.35	$ 19.18	$ 23.02	$ 23.02
2	Annual	$ 21,640	$ 32,460	$ 43,280	$ 54,100	$ 64,920	$ 64,920
	Monthly	$ 1,803	$ 2,705	$ 3,607	$ 4,508	$ 5,410	$ 5,410
	Weekly	$ 416	$ 624	$ 832	$ 1,040	$ 1,248	$ 1,248
	Hourly	$ 10.40	$ 15.61	$ 20.81	$ 26.01	$ 31.21	$ 31.21
3	Annual	$ 27,320	$ 40,980	$ 54,640	$ 68,300	$ 81,960	$ 81,960
	Monthly	$ 2,277	$ 3,415	$ 4,553	$ 5,692	$ 6,830	$ 6,830
	Weekly	$ 525	$ 788	$ 1,051	$ 1,313	$ 1,576	$ 1,576
	Hourly	$ 13.13	$ 19.70	$ 26.27	$ 32.84	$ 39.40	$ 39.40
4	Annual	$ 33,000	$ 49,500	$ 66,000	$ 82,500	$ 99,000	$ 99,000
	Monthly	$ 2,750	$ 4,125	$ 5,500	$ 6,875	$ 8,250	$ 8,250
	Weekly	$ 635	$ 952	$ 1,269	$ 1,587	$ 1,904	$ 1,904
	Hourly	$ 15.87	$ 23.80	$ 31.73	$ 39.66	$ 47.60	$ 47.60
5	Annual	$ 38,680	$ 58,020	$ 77,360	$ 96,700	$ 116,040	$ 116,040
	Monthly	$ 3,223	$ 4,835	$ 6,447	$ 8,058	$ 9,670	$ 9,670
	Weekly	$ 744	$ 1,116	$ 1,488	$ 1,860	$ 2,232	$ 2,232
	Hourly	$ 18.60	$ 27.89	$ 37.19	$ 46.49	$ 55.79	$ 55.79
6	Annual	$ 44,360	$ 66,540	$ 88,720	$ 110,900	$ 133,080	$ 133,080
	Monthly	$ 3,697	$ 5,545	$ 7,393	$ 9,242	$ 11,090	$ 11,090
	Weekly	$ 853	$ 1,280	$ 1,706	$ 2,133	$ 2,559	$ 2,559
	Hourly	$ 21.33	$ 31.99	$ 42.65	$ 53.32	$ 63.98	$ 63.98
7	Annual	$ 50,040	$ 75,060	$ 100,080	$ 125,100	$ 150,120	$ 150,120
	Monthly	$ 4,170	$ 6,255	$ 8,340	$ 10,425	$ 12,510	$ 12,510
	Weekly	$ 962	$ 1,443	$ 1,925	$ 2,406	$ 2,887	$ 2,887
	Hourly	$ 24.06	$ 36.09	$ 48.12	$ 60.14	$ 72.17	$ 72.17
8	Annual	$ 55,720	$ 83,580	$ 111,440	$ 139,300	$ 167,160	$ 167,160
	Monthly	$ 4,643	$ 6,965	$ 9,287	$ 11,608	$ 13,930	$ 13,930
	Weekly	$ 1,072	$ 1,607	$ 2,143	$ 2,679	$ 3,215	$ 3,215
	Hourly	$ 26.79	$ 40.18	$ 53.58	$ 66.97	$ 80.37	$ 80.37

*FOR FAMILY MEMBERS GREATER THAN 8, ADD $5,680 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL: $55,720+$5,680=$61,400

CEO Date

Effective 01/01/2026

Centennial Mental Health Center, Inc.

Group

SLIDING FEE DISCOUNT SCHEDULE - PHARMACY

BASED ON THE 2026 FEDERAL POVERTY LEVEL

ALL ELIGIBLE PATIENTS

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
FAMILY SIZE	FPL >	0-100%	101-150%	151-200%	201-250%	251-300%	Over 300%
	DISCOUNT >	100% Discount $10 Nominal Charge	$15 Fixed Payment	$20 Fixed Payment	$25 Fixed Payment	$30 Fixed Payment	No Discount Pay Full Charges
	Qualifier	Income = to or Less Than:	Income = to or Less Than:	Income = to or Less Than:	Income = to or Less Than:	Income = to or Less Than:	Income Over:
1	**Annual (up to)**	**$ 15,960**	**$ 23,940**	**$ 31,920**	**$ 39,900**	**$ 47,880**	**$ 47,880**
	Monthly	$ 1,330	$ 1,995	$ 2,660	$ 3,325	$ 3,990	$ 3,990
	Weekly	$ 307	$ 460	$ 614	$ 767	$ 921	$ 921
	Hourly	$ 7.67	$ 11.51	$ 15.35	$ 19.18	$ 23.02	$ 23.02
2	**Annual**	**$ 21,640**	**$ 32,460**	**$ 43,280**	**$ 54,100**	**$ 64,920**	**$ 64,920**
	Monthly	$ 1,803	$ 2,705	$ 3,607	$ 4,508	$ 5,410	$ 5,410
	Weekly	$ 416	$ 624	$ 832	$ 1,040	$ 1,248	$ 1,248
	Hourly	$ 10.40	$ 15.61	$ 20.81	$ 26.01	$ 31.21	$ 31.21
3	**Annual**	**$ 27,320**	**$ 40,980**	**$ 54,640**	**$ 68,300**	**$ 81,960**	**$ 81,960**
	Monthly	$ 2,277	$ 3,415	$ 4,553	$ 5,692	$ 6,830	$ 6,830
	Weekly	$ 525	$ 788	$ 1,051	$ 1,313	$ 1,576	$ 1,576
	Hourly	$ 13.13	$ 19.70	$ 26.27	$ 32.84	$ 39.40	$ 39.40
4	**Annual**	**$ 33,000**	**$ 49,500**	**$ 66,000**	**$ 82,500**	**$ 99,000**	**$ 99,000**
	Monthly	$ 2,750	$ 4,125	$ 5,500	$ 6,875	$ 8,250	$ 8,250
	Weekly	$ 635	$ 952	$ 1,269	$ 1,587	$ 1,904	$ 1,904
	Hourly	$ 15.87	$ 23.80	$ 31.73	$ 39.66	$ 47.60	$ 47.60
5	**Annual**	**$ 38,680**	**$ 58,020**	**$ 77,360**	**$ 96,700**	**$ 116,040**	**$ 116,040**
	Monthly	$ 3,223	$ 4,835	$ 6,447	$ 8,058	$ 9,670	$ 9,670
	Weekly	$ 744	$ 1,116	$ 1,488	$ 1,860	$ 2,232	$ 2,232
	Hourly	$ 18.60	$ 27.89	$ 37.19	$ 46.49	$ 55.79	$ 55.79
6	**Annual**	**$ 44,360**	**$ 66,540**	**$ 88,720**	**$ 110,900**	**$ 133,080**	**$ 133,080**
	Monthly	$ 3,697	$ 5,545	$ 7,393	$ 9,242	$ 11,090	$ 11,090
	Weekly	$ 853	$ 1,280	$ 1,706	$ 2,133	$ 2,559	$ 2,559
	Hourly	$ 21.33	$ 31.99	$ 42.65	$ 53.32	$ 63.98	$ 63.98
7	**Annual**	**$ 50,040**	**$ 75,060**	**$ 100,080**	**$ 125,100**	**$ 150,120**	**$ 150,120**
	Monthly	$ 4,170	$ 6,255	$ 8,340	$ 10,425	$ 12,510	$ 12,510
	Weekly	$ 962	$ 1,443	$ 1,925	$ 2,406	$ 2,887	$ 2,887
	Hourly	$ 24.06	$ 36.09	$ 48.12	$ 60.14	$ 72.17	$ 72.17
8	**Annual**	**$ 55,720**	**$ 83,580**	**$ 111,440**	**$ 139,300**	**$ 167,160**	**$ 167,160**
	Monthly	$ 4,643	$ 6,965	$ 9,287	$ 11,608	$ 13,930	$ 13,930
	Weekly	$ 1,072	$ 1,607	$ 2,143	$ 2,679	$ 3,215	$ 3,215
	Hourly	$ 26.79	$ 40.18	$ 53.58	$ 66.97	$ 80.37	$ 80.37

***FOR FAMILY MEMBERS GREATER THAN 8, ADD $5,680 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL: $55,720+$5,680=$61,400**

Effective 01/01/2026

CEO **Date**

Centennial Mental Health Center, Inc.

Monthly - Intensive Services

SLIDING FEE DISCOUNT SCHEDULE - PHARMACY

BASED ON THE 2026 FEDERAL POVERTY LEVEL

ALL ELIGIBLE PATIENTS

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
FAMILY SIZE	FPL >	0-100%	101-150%	151-200%	201-250%	251-300%	Over 300%
	DISCOUNT >	100% Discount $30 Fixed payement	$40 Fixed Payment	$50 Fixed Payment	$60 Fixed Payment	$70 Fixed Payment	No Discount Pay Full Charges
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Effective 01/01/2026

CEO **Date**