

Healthways/Regional Medical Center at Lubec Sliding Fee Program

February 1, 2026

APPROVED BY THE RMCL BOARD OF DIRECTORS:

2026.01.28

Attachment C

In order to provide accessible and affordable health care, RMCL offers reduced fees through the Sliding Fee Program.

Please see the chart below to determine your eligibility:

Family size		CATEGORY A up to 100%	CATEGORY B 101% - 125%	CATEGORY C 126% - 150%	CATEGORY D 151% - 200%	Ineligible over 201%
1	Monthly	\$1,330.00 or Less	\$1,331.00 - \$1,662.50	\$1,663.50 - \$1,995.00	\$1,996.00 - \$2,660.00	\$2,661.00 & up
	Yearly	\$15,960.00 or Less	\$15,961.00 - \$19,950.00	\$19,951.00 - \$23,940.00	\$23,941.00 - \$31,920.00	\$31,921.00 & up
2	Monthly	\$1,803.33 or Less	\$1,804.33 - \$2,254.17	\$2,255.17 - \$2,705.00	\$2,706.00 - \$3,606.67	\$3,607.67 & up
	Yearly	\$21,640.00 or Less	\$21,641.00 - \$27,050.00	\$27,051.00 - \$32,460.00	\$32,461.00 - \$43,280.00	\$43,281.00 & up
3	Monthly	\$2,276.67 or Less	\$2,277.67 - \$2,845.83	\$2,846.83 - \$3,415.00	\$3,416.00 - \$4,553.33	\$4,554.33 & up
	Yearly	\$27,320.00 or Less	\$27,321.00 - \$34,150.00	\$34,151.00 - \$40,980.00	\$40,981.00 - \$54,640.00	\$54,641.00 & up
4	Monthly	\$2,750.00 or Less	\$2,751.00 - \$3,437.50	\$3,438.50 - \$4,125.00	\$4,126.00 - \$5,500.00	\$5,501.00 & up
	Yearly	\$33,000.00 or Less	\$33,001.00 - \$41,250.00	\$41,251.00 - \$49,500.00	\$49,501.00 - \$66,000.00	\$66,001.00 & up
5	Monthly	\$3,223.33 or Less	\$3,224.33 - \$4,029.17	\$4,030.17 - \$4,835.00	\$4,836.00 - \$6,446.67	\$6,447.67 & up
	Yearly	\$38,680.00 or Less	\$38,681.00 - \$48,350.00	\$48,351.00 - \$58,020.00	\$58,021.00 - \$77,360.00	\$77,361.00 & up
6	Monthly	\$3,696.67 or Less	\$3,697.67 - \$4,620.83	\$4,621.83 - \$5,545.00	\$5,546.00 - \$7,393.33	\$7,394.33 & up
	Yearly	\$44,360.00 or Less	\$44,361.00 - \$55,450.00	\$55,451.00 - \$66,540.00	\$66,541.00 - \$88,720.00	\$88,721.00 & up
7	Monthly	\$4,170.00 or Less	\$4,171.00 - \$5,212.50	\$5,213.50 - \$6,255.00	\$6,256.00 - \$8,340.00	\$8,341.00 & up
	Yearly	\$50,040.00 or Less	\$50,041.00 - \$62,550.00	\$62,551.00 - \$75,060.00	\$75,061.00 - \$100,080.00	\$100,081.00 & up
8	Monthly	\$4,643.33 or Less	\$4,644.33 - \$5,804.17	\$5,805.17 - \$6,965.00	\$6,966.00 - \$9,286.67	\$9,287.67 & up
	Yearly	\$55,720.00 or Less	\$55,721.00 - \$69,650.00	\$69,651.00 - \$83,580.00	\$83,581.00 - \$111,440.00	\$111,441.00 & up
add per additional member	Monthly	\$473.33	\$591.67	\$710.00	\$946.67	N/A
	Yearly	\$5,680.00	\$7,100.00	\$8,520.00	\$11,360.00	N/A

Service	Category A	Category B	Category C	Category D	E (Ineligible)
Medical Care	\$15	\$25	\$35	\$45	Full
Counseling Services	\$15	\$25	\$35	\$45	Full
Preventive Dental	\$15	\$25	\$35	\$45	Full
Restorative/other Dental	\$15	\$45	\$55	\$75	Full
Root Canals	\$180	\$360	\$540	\$720	Full
Dental Temp Devices & Maintenance	\$200	\$300	\$400	\$500	Full
Partial Dentures & Crowns	\$400	\$600	\$800	\$1,000	Full
Dental Post or other labs	\$200	\$300	\$400	\$500	Full
Dentures (full set)	\$800	\$1,200	\$1,600	\$2,000	Full
Medical Temp Devices (IUDs)	\$400	\$600	\$800	\$1,000	Full
Uninsured Vaccine/Drug (Pneumococcal, etc.)	\$400	\$600	\$800	\$1,000	Full

BASED ON 2025 DHHS POVERTY GUIDELINES PUBLISHED SOURCE: Federal Register, January 15, 2025.

A Sliding Fee application for the program can be obtained from one of our reception staff.
If you would like assistance with completing the application, please let one of our staff know.