

## Quick Facts about our Sliding Fee Program

- You can have Sliding Fee **AND** insurance! A discount will be applied to all balances AFTER insurance.
- If you don't have insurance, Sliding Fee applies to prescriptions and lab bills! We contract with most local pharmacies and Oswego Hospital Lab to provide this service.
- Sliding Fee covers medical, mental health and most dental services!
- Sliding Fee applies to **EPIC** prescription costs and annual fees!
- It's easy to apply!

### Sample Annual Income Guidelines 2026:

Family Size	Medicaid eligible	75% discount	50% discount	25% discount
1	0 - 15,960	15,961 - 21,281	21,282 - 26,602	26,603 - 31,920
2	0 - 21,640	21,641 - 28,854	28,855 - 36,069	36,070 - 43,280
3	0 - 27,320	27,321 - 36,428	36,429 - 45,535	45,536 - 54,640
4	0 - 33,000	33,001 - 44,001	44,002 - 55,002	55,003 - 66,000

Updated 4/16/2026

*Say hello to healthy*

The following documents must be submitted with your Sliding Fee application as **paper (hard copy) proof of income**. Please provide documentation for every member of your household, whether related or not. Applications cannot be processed without all required information.

1. Current Federal Income Tax filing
2. The last three (3) pay stubs if weekly, two (2) if by-weekly
3. Any alimony or child support
4. Public Assistance or Social Security
5. Unemployment or Workmen's Compensation
6. Pensions or Annuities
7. Income from rent, dividends, interest, or any other source

Thank you,

Outreach and Access Representative

*Say hello to healthy*

### SLIDING FEE SCALE PROGRAM

ConnexCare offers a **Sliding Fee Scale Program**, which can reduce the cost of your care based on your household income. If you have insurance, we will apply the discount to the portion you are responsible for paying. Once approved, your sliding fee coverage is valid for one year, and you must re-certify annually to maintain eligibility. For patients without insurance, the program may also help cover a portion of medical lab and pharmacy costs. Please note that laboratory services must be completed through Oswego Hospital Laboratories, and all prescriptions and lab work must be ordered by a ConnexCare provider.

If you are eligible for patient assistance programs for medications, you are required to apply. Medicare patients age 65 and older must also enroll in EPIC, New York State’s prescription plan for seniors. Through the Sliding Fee Scale Program, ConnexCare will reimburse a portion of your EPIC annual fee and prescription co-pays based on your discount level. For example, if you qualify for a 75% discount, you will be reimbursed for 75% of your EPIC fees and co-pays.

Reimbursement requests can be submitted at any time using a form available from our Outreach and Access Representatives. However, reimbursement checks are issued quarterly—at the end of March, June, September, and December - for all eligible receipts submitted to date.

To determine if you may qualify, please review the income chart below. If your household income falls within the guidelines for your household size, complete the application on the reverse side and bring it to the front desk at any ConnexCare health center. Our staff will schedule an appointment with an Outreach and Access Representative. You may also mail your completed application and income verification to the address listed above, and we will contact you to schedule an appointment.

If you have questions or need assistance, please call our Pulaski location at 315-298-6564 and ask to speak with an Outreach and Access Representative.

All sliding fee patients are asked to pay a nominal visit fee of \$15.00.

Household Members	Medicaid Eligible	75% discount	50% discount	25% discount
1	0 - 15,960	15,961 - 21,281	21,282 - 26,602	26,603 - 31,920
2	0 - 21,640	21,641 - 28,854	28,855 - 36,069	36,070 - 43,280
3	0 - 27,320	27,321 - 36,428	36,429 - 45,535	45,536 - 54,640
4	0 - 33,000	33,001 - 44,001	44,002 - 55,002	55,003 - 66,000
5	0 - 38,680	38,681 - 51,574	51,575 - 64,469	64,470 - 77,360
6	0 - 44,360	44,361 - 59,148	59,149 - 73,935	73,936 - 88,720
7	0 - 50,040	50,041 - 66,721	66,722 - 83,402	83,403 - 100,080
8	0 - 55,720	55,721 - 74,294	74,295 - 92,869	92,870 - 111,440
9	0 - 61,400	61,401 - 81,868	81,869 - 102,335	102,336 - 122,800
10	0 - 67,080	67,081 - 89,441	89,442 - 111,802	111,803 - 134,160
11	0 - 72,760	72,761 - 97,014	97,015 - 121,269	121,270 - 145,520
12	0 - 78,440	78,441 - 104,588	104,589 - 130,735	130,736 - 156,880

#### APPLICATION FOR SLIDING FEE SCALE ADJUSTMENT

\*\*\*PLEASE BRING VERIFICATION OF INCOME\*\*\*

Please see attached checklist for acceptable forms of verification.

*Say hello to healthy*

1. NAME: \_\_\_\_\_

	First	Middle	Last
--	-------	--------	------

ADDRESS: \_\_\_\_\_

Number and Street	City	State	Zip
-------------------	------	-------	-----

TELEPHONE: \_\_\_\_\_

2. CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS & PHONE #: \_\_\_\_\_

Or, Are you homeless? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes - What is your current status:  
 Homeless shelter    Transitional    Doubling up    On the street

3. Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you live in public housing? Yes \_\_\_\_\_ No \_\_\_\_\_

5. INCOME: List income for the household from:

	Current Last 12 Month	
	Monthly	Total
Wages or self-employed.....	_____	_____
Public Assistance or Social Security.....	_____	_____
Unemployment or Workmen's Comp.....	_____	_____
Alimony or Child Support.....	_____	_____
Pensions/Annuities.....	_____	_____
Income from rent, dividends, interest, or any other source .....	_____	_____

6. Do you have any other insurance?..... \_\_\_\_\_  
 If so, what kind?..... \_\_\_\_\_  
 Identification #..... \_\_\_\_\_

7. HOUSEHOLD SIZE:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of the Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Qualifies for: \_\_\_\_\_ % Discount \_\_\_\_\_ Ineligible Date of determination: \_\_\_\_\_

Signature: \_\_\_\_\_

*Say hello to healthy*