

EFFECTIVE 4-1-18

Federal Poverty Scale (2018)

Family/Level	A-C, N, Z		D		E		F		G		H		I	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To
1	0	12,140	12,141	14,204	14,205	16,146	16,147	19,303	19,304	22,459	22,460	24,280	24,281	30,350
2	0	16,460	16,461	19,258	19,259	21,892	21,893	26,171	26,172	30,451	30,452	32,920	32,921	41,150
3	0	20,780	20,781	24,313	24,314	27,637	27,638	33,040	33,041	38,443	38,444	41,560	41,561	51,950
4	0	25,100	25,101	29,367	29,368	33,383	33,384	39,909	39,910	46,435	46,436	50,200	50,201	62,750
5	0	29,420	29,421	34,421	34,422	39,129	39,130	46,778	46,779	54,427	54,428	58,840	58,841	73,550
6	0	33,740	33,741	39,476	39,477	44,874	44,875	53,647	53,648	62,419	62,420	67,480	67,481	84,350
7	0	38,060	38,061	44,530	44,531	50,620	50,621	60,515	60,516	70,411	70,412	76,120	76,121	95,150
8	0	42,380	42,381	49,585	49,586	56,365	56,366	67,384	67,385	78,403	78,404	84,760	84,761	105,950
9	0	46,700	46,701	54,639	54,640	62,111	62,112	74,253	74,254	86,395	86,396	93,400	93,401	116,750
10	0	51,020	51,021	59,693	59,694	67,857	67,858	81,122	81,123	94,387	94,388	102,040	102,041	127,550
Federal Poverty Level (FPL)	0% - 100%		101% - 117%		118% - 133%		134% - 159%		160% - 185%		186% - 200%		201% - 250%	

***** No Section 330 funding will be used to subsidize care for patients above 200% FPL. *****
 families with more than 8 persons, add \$4,320 per person

Marillac Sliding Fee Discount Schedule (MSFDS)

FPL Code	N. A-C	D	E	F	G	H	CICP	Full Fee
Federal Poverty Scale	0%-100%	101%-117%	118%-133%	134%-159%	160%-185%	186%-200%	201%-250%	Over 200%
	Nominal Fee	Out-of-Pocket Charges					State Funded Discount Program (CICP) - Eligibility Requirements Apply	No Discount Ineligible for State Funded Program
Medical (OPV)	\$5.00	\$20.00	\$25.00	\$25.00	\$35.00	\$35.00	\$40.00	Full Fee
Medical procedures- Low	\$5.00	\$25.00	\$35.00	\$35.00	\$50.00	\$50.00	\$50.00	Full Fee
Medical procedures - High	\$20.00	\$40.00	\$60.00	\$60.00	\$80.00	\$80.00	\$80.00	Full Fee
Groups (BH)	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	Not Applicable	Full Fee
Behavioral Health	\$5.00	\$10.00	\$20.00	\$30.00	\$40.00	\$40.00	Not Applicable	Full Fee
Optical*	\$5.00	\$20.00	\$25.00	\$25.00	\$35.00	\$35.00	Not Applicable	Full Fee
Immunizations, Flu Shot	\$5.00	\$10.00	\$10.00	\$15.00	\$15.00	\$15.00	Not Applicable	Full Fee

**Visit with an Optician only, does not include Supplies or visits with an Optometrist

Marillac Sliding Fee Discount Schedule (MSFDS)						
FPL Code	N,A-C	D	E	F	G	H
Federal Poverty Scale	0% - 100%	101% - 117%	118% - 133%	134% - 159%	160% - 185%	186% - 200%
	Nominal Fee	Out-of-Pocket Charges				
Dental - New Patient / Periodic Exam (D0150, D0180, D0210, D0274)	\$5.00	\$10.00	\$10.00	\$11.00	\$11.00	\$12.00
Dental - Preventative	\$10.00	40%	45%	50%	55%	60%
Dental - Denture Adjustment	\$25.00	40%	45%	50%	55%	60%
Dental - Restorative	\$25.00	40%	45%	50%	55%	60%
Dental - With Labs**	\$40.00	40%	45%	50%	55%	60%
** Patient is responsible for Marillac's cost for dental labs (e.g., crowns, dentures) for categories N, A, B, and C.		Note: Dental percentages for categories D-H are patient's portion of billed charges per the fee schedule. Note: N, A-C nominal rate is flat rate per visit for Preventative, Denture adjustments, Restorative and Dental with Labs				

LAB FEES FOR DENTAL - NOMINAL				
	Dental Code	Fee	Nominal per Vist Fee	Total
Denture per Arch	D5110/D5120	\$252.00	\$40 x 5	\$452.00
Metal Partial per Arch	D5213/D5214	\$343.00	\$40 x 4	\$503.00
Acrylic Partial per Arch	D5211/D5212	\$204.00	\$40 x 3	\$324.00
Flex Partial per Arch	D5225/D5226	\$225.00	\$40 x 4	\$385.00
Flipper	D5820/D5821	\$105.00	\$40 x 2	\$185.00
Reline Partials	D5760/D5761	\$40.00	\$40	\$80.00
Reline Dentures	D5750/D5751	\$80.00	\$40	\$80.00
Repair	D5510	\$45.00	\$40	\$85.00
Add tooth to existing partial	D5650	\$45.00	\$40	\$85.00
Add clasp to existing partial	D5560	\$45.00	\$40	\$85.00
Ceramic Crowns	D2740	\$165.00	\$40 x 2	\$245.00
Single Implant Crown	D0470/D0367/D5982/D6010/D6056 or D6057/D6060	\$1,100.00	\$40 x 6	\$1,340.00
Multi-Implant Bridge	D0470/D0367/D5982/D6010/D6056orD6057/D6067/D6058/D6211/D6241/D6245	\$2,000.00	\$40 x 6	\$2,240.00
Multi-Implant Denture-Bottom	D470/D367/D5982/D6010/D6052/6056/D5750/D5751/D5865	\$1,375.00	\$40 x 7	\$1,655.00
Denture Visits Nominal Fee No Lab	D5152-D5157	\$ -	40	\$40.00