

Marillac Health Sliding Fee Discount Schedule

Goes Live 4-1-2019

Marillac Sliding Fee Scale up to 200% FPL

Federal Poverty Scale (2019)												
Family/Level	A-C, N, Z		D		E		F		G		H	
	From	To	From	To	From	To	From	To	From	To	From	To
1	0	12,490	12,491	14,613	14,614	16,612	16,613	19,859	19,860	23,107	23,108	24,980
2	0	16,910	16,911	19,785	19,786	22,490	22,491	26,887	26,888	31,284	31,285	33,820
3	0	21,330	21,331	24,956	24,957	28,369	28,370	33,915	33,916	39,461	39,462	42,660
4	0	25,750	25,751	30,128	30,129	34,248	34,249	40,943	40,944	47,638	47,639	51,500
5	0	30,170	30,171	35,299	35,300	40,126	40,127	47,970	47,971	55,815	55,816	60,340
6	0	34,590	34,591	40,470	40,471	46,005	46,006	54,998	54,999	63,992	63,993	69,180
7	0	39,010	39,011	45,642	45,643	51,883	51,884	62,026	62,027	72,169	72,170	78,020
8	0	43,430	43,431	50,813	50,814	57,762	57,763	69,054	69,055	80,346	80,347	86,860
9	0	47,850	47,851	55,985	55,986	63,641	63,642	76,082	76,083	88,523	88,524	95,700
10	0	52,270	52,271	61,156	61,157	69,519	69,520	83,109	83,110	96,700	96,701	104,540
Federal Poverty Level (FPL)	0% - 100%		101% - 117%		118% - 133%		134% - 159%		160% - 185%		186% - 200%	

***** No Section 330 funding will be used to subsidize care for patients above 200% FPL.
 ****For families with more than 8 persons, add \$4,420 per person

Goes Live 4-1-2019

Marillac / Colorado Indigent Care Program (CICP) up to 250% FPL

Federal Poverty Scale (2019)														
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	12,490	12,491	14,613	14,614	16,612	16,613	19,859	19,860	23,107	23,108	24,980	24,981	31,225
2	0	16,910	16,911	19,785	19,786	22,490	22,491	26,887	26,888	31,284	31,285	33,820	33,821	42,275
3	0	21,330	21,331	24,956	24,957	28,369	28,370	33,915	33,916	39,461	39,462	42,660	42,661	53,325
4	0	25,750	25,751	30,128	30,129	34,248	34,249	40,943	40,944	47,638	47,639	51,500	51,501	64,375
5	0	30,170	30,171	35,299	35,300	40,126	40,127	47,970	47,971	55,815	55,816	60,340	60,341	75,425
6	0	34,590	34,591	40,470	40,471	46,005	46,006	54,998	54,999	63,992	63,993	69,180	69,181	86,475
7	0	39,010	39,011	45,642	45,643	51,883	51,884	62,026	62,027	72,169	72,170	78,020	78,021	97,525
8	0	43,430	43,431	50,813	50,814	57,762	57,763	69,054	69,055	80,346	80,347	86,860	86,861	108,575
9	0	47,850	47,851	55,985	55,986	63,641	63,642	76,082	76,083	88,523	88,524	95,700	95,701	119,625
10	0	52,270	52,271	61,156	61,157	69,519	69,520	83,109	83,110	96,700	96,701	104,540	104,541	130,675
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.
 ****For families with more than 8 persons, add \$4,420 per person

Marillac Sliding Fee Discount Schedule (MSFDS) MEDICAL									
FPL Code	<u>N, A-C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>CICP</u>	<u>Full Fee</u>	
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) DENTAL						
FPL Code	<u>N,A-C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>
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		
Denture Visits Nominal Fee No Lab	D5152-D5157	\$ -	40	\$40.00		