

MARILLAC HEALTH SLIDING FEE DISCOUNT SCHEDULE

Goes Live 4-1-2020

Marillac Sliding Fee Scale UP TO 200% FPL

Federal Poverty Scale (2020)												
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	12,760	12,761	14,929	14,930	16,971	16,972	20,288	20,289	23,606	23,607	25,520
2	0	17,240	17,241	20,171	20,172	22,929	22,930	27,412	27,413	31,894	31,895	34,480
3	0	21,720	21,721	25,412	25,413	28,888	28,889	34,535	34,536	40,182	40,183	43,440
4	0	26,200	26,201	30,654	30,655	34,846	34,847	41,658	41,659	48,470	48,471	52,400
5	0	30,680	30,681	35,896	35,897	40,804	40,805	48,781	48,782	56,758	56,759	61,360
6	0	35,160	35,161	41,137	41,138	46,763	46,764	55,904	55,905	65,046	65,047	70,320
7	0	39,640	39,641	46,379	46,380	52,721	52,722	63,028	63,029	73,334	73,335	79,280
8	0	44,120	44,121	51,620	51,621	58,680	58,681	70,151	70,152	81,622	81,623	88,240
9	0	48,600	48,601	56,862	56,863	64,638	64,639	77,274	77,275	89,910	89,911	97,200
10	0	53,080	53,081	62,104	62,105	70,596	70,597	84,397	84,398	98,198	98,199	106,160
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 \$4,480 per person												

Goes Live 4-1-2020

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

Federal Poverty Scale (2020)														
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	
1	0	12,760	12,761	14,929	14,930	16,971	16,972	20,288	20,289	23,606	23,607	25,520	25,521	
2	0	17,240	17,241	20,171	20,172	22,929	22,930	27,412	27,413	31,894	31,895	34,480	34,481	
3	0	21,720	21,721	25,412	25,413	28,888	28,889	34,535	34,536	40,182	40,183	43,440	43,441	
4	0	26,200	26,201	30,654	30,655	34,846	34,847	41,658	41,659	48,470	48,471	52,400	52,401	
5	0	30,680	30,681	35,896	35,897	40,804	40,805	48,781	48,782	56,758	56,759	61,360	61,361	
6	0	35,160	35,161	41,137	41,138	46,763	46,764	55,904	55,905	65,046	65,047	70,320	70,321	
7	0	39,640	39,641	46,379	46,380	52,721	52,722	63,028	63,029	73,334	73,335	79,280	79,281	
8	0	44,120	44,121	51,620	51,621	58,680	58,681	70,151	70,152	81,622	81,623	88,240	88,241	
9	0	48,600	48,601	56,862	56,863	64,638	64,639	77,274	77,275	89,910	89,911	97,200	97,201	
10	0	53,080	53,081	62,104	62,105	70,596	70,597	84,397	84,398	98,198	98,199	106,160	106,161	
Federal Poverty Level (FPL)	0% - 100%		101% - 117%		118% - 133%		134% - 159%		160% - 185%		186% - 200%		201% -	
***** No Section 330 funding will be used to subsidize care for patients above 200% FPL. *****For families with more than 8 persons, add \$4,480 per person														

Marillac Sliding Fee Discount Schedule (MSFDS)- MEDICAL							
FPL Code	N, A-C	D	E	F	G	H	Full Fee
Federal Poverty Scale	0%-100%	101%-117%	118%-133%	134%-159%	160%-185%	186%-200%	Over 200%
	Nominal Fee	Out-of-Pocket Charges					No Discount Ineligible for State Funded Program
Medical (OPV)	\$5.00	\$20.00	\$25.00	\$25.00	\$35.00	\$35.00	Full Fee
Medical procedures- Low	\$5.00	\$25.00	\$35.00	\$35.00	\$50.00	\$50.00	Full Fee
Medical procedures - High	\$20.00	\$40.00	\$60.00	\$60.00	\$80.00	\$80.00	Full Fee
Groups (BH)	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	Full Fee
Behavioral Health	\$5.00	\$10.00	\$20.00	\$30.00	\$40.00	\$40.00	Full Fee
Optical*	\$5.00	\$20.00	\$25.00	\$25.00	\$35.00	\$35.00	Full Fee
Immunizations, Flu Shot	\$5.00	\$10.00	\$10.00	\$15.00	\$15.00	\$15.00	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	N, A-C	D	E	F	G	H	Full Fee
Federal Poverty Scale	0%-100%	101%-117%	118%-133%	134%-159%	160%-185%	186%-200%	Over 200%
	Nominal Fee	Out-of-Pocket Charges					No Discount Ineligible for State Funded Program
Dental - Preventive	\$ 5.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 13.00	\$ 14.00	\$ 15.00
Dental - Diagnostic	\$ 5.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 13.00	\$ 14.00	\$ 15.00
Dental - Restorative	\$ 20.00	20%	30%	40%	50%	60%	Full Fee
Dental - Surgical	\$ 20.00	20%	30%	40%	50%	60%	Full Fee
Dental - Perio	\$ 20.00	20%	30%	40%	50%	60%	Full Fee
Dental - Endo	\$ 60.00	20%	30%	40%	50%	60%	Full Fee
Dental - Crown/Bridge Additional Lab Fee Applies	\$ 50.00	20%	30%	40%	50%	60%	Full Fee
Dental - Denture/RPD Additional Lab Fee Applies	\$ 50.00	20%	30%	40%	50%	60%	Full Fee

****Percentage listed for E-I is applicable discount towards UCR

****Nominal Fee listed is per procedure co-pay

***Per Visit charge for existing appliance repair

LAB EXPENSE PLUS PER VISIT CHARGE FOR A-C			
	Dental Code	Lab Cost	Per visit charge
Denture per Arch	D5110/D5120	\$ 252.00	\$ -

Metal Partial per Arch	D5213/D5214	\$	343.00	\$	-
Acrylic Partial per Arch	D5211/D5212	\$	204.00	\$	-
Flex Partial per Arch	D5225/D5226	\$	225.00	\$	-
Flipper	D5820/D5821	\$	105.00	\$	50.00
Reline Partials	D5760/D5761	\$	40.00	\$	50.00
Reline Dentures	D5750/D5751	\$	80.00	\$	50.00
Repair	D5510	\$	45.00	\$	25.00
Add tooth to existing partial	D5650	\$	45.00	\$	25.00
Add clasp to existing partial	D5560	\$	45.00	\$	25.00
Ceramic Crowns	D2740	\$	165.00	\$50 x 2	
Denture Visits Nominal Fee No Lab	D5152-D5157	\$	-	\$	50.00

Marillac Discount Schedule CICIP								
FPL Code	CICP - Z	N, A-C	D	E	F	G	H	I - CICP
Federal Poverty Scale	0%-100%	0%-100%	101%-117%	118%-133%	134%-159%	160%-185%	186%-200%	201%-250%
	Nominal Fee	Nominal Fee	Out-of-Pocket Charges					State Funded Discount Program (CICP) - Eligibility Requirements Apply
Medical (OPV)	\$0.00	\$5.00	\$20.00	\$25.00	\$25.00	\$35.00	\$35.00	\$40.00
Medical procedures- Low	\$0.00	\$5.00	\$25.00	\$35.00	\$35.00	\$50.00	\$50.00	\$50.00
Medical procedures - High	\$0.00	\$20.00	\$40.00	\$60.00	\$60.00	\$80.00	\$80.00	\$80.00
Groups (BH)	\$0.00	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	Not Applicable
Behavioral Health	\$0.00	\$5.00	\$10.00	\$20.00	\$30.00	\$40.00	\$40.00	Not Applicable
Optical*	\$0.00	\$5.00	\$20.00	\$25.00	\$25.00	\$35.00	\$35.00	Not Applicable
Immunizations, Flu Shot	\$0.00	\$5.00	\$10.00	\$10.00	\$15.00	\$15.00	\$15.00	Not Applicable

CICP Slide Z will be for Homeless patients and they will not have any Nominal Fee requirements under the CICP program.



To
31,900
43,100
54,300
65,500
76,700
87,900
99,100
110,300
121,500
132,700
250%