

MarillacHealth Sliding Fee Discount Program

Effective 4/1/2021

Federal Poverty Scale (2021)									
Family/Level	N (Nominal)		Slide A		Slide B		Slide C		Full Fee
Federal Poverty Scale	0% - 100%		101% - 133%		134% - 166%		167% - 200%		Over 200%
	From	To	From	To	From	To	From	To	No Discount
1	0	12,880	12,881	17,130	17,131	21,381	21,382	25,760	Full Fee
2	0	17,420	17,421	23,169	23,170	28,917	28,918	34,840	Full Fee
3	0	21,960	21,961	29,207	29,208	36,454	36,455	43,920	Full Fee
4	0	26,500	26,501	35,245	35,246	43,990	43,991	53,000	Full Fee
5	0	31,040	31,041	41,283	41,284	51,526	51,527	62,080	Full Fee
6	0	35,580	35,581	47,321	47,322	59,063	59,064	71,160	Full Fee
7	0	40,120	40,121	53,360	53,361	66,599	66,600	80,240	Full Fee
8	0	44,660	44,661	59,398	59,399	74,136	74,137	89,320	Full Fee
9	0	49,200	49,201	65,436	65,437	81,672	81,673	98,400	Full Fee
10	0	53,740	53,741	71,474	71,475	89,208	89,209	107,480	Full Fee

***** No Section 330 funding will be used to subsidize care for patients above 200% FPL.
 *****For families with more than 8 persons, add \$4,540 per person

Marillac Sliding Fee Discount Schedule (MSFDS) - MEDICAL					
Federal Poverty Scale	0%-100%	101% - 133%	134% - 166%	167% - 200%	Over 200%
FPL Code	N (Nominal)	Slide A	Slide B	Slide C	Full Fee
Medical Visit	\$25.00	\$35.00	\$45.00	\$55.00	Full Fee

Marillac Sliding Fee Discount Schedule (MSFDS) - BEHAVIORAL HEALTH					
Federal Poverty Scale	0%-100%	101% - 133%	134% - 166%	167% - 200%	Over 200%
FPL Code	N (Nominal)	Slide A	Slide B	Slide C	Full Fee
Behavioral Health Visit	\$5.00	\$10.00	\$10.00	\$10.00	Full Fee

*BH Copay waived if on same day as a medical visit.

Marillac Sliding Fee Discount Schedule (MSFDS) - DENTAL					
Federal Poverty Scale	0% - 100%	101% - 133%	134% - 166%	167% - 200%	Over 200%
FPL Code	N (Nominal)	Slide A	Slide B	Slide C	Full Fee
Dental - Diagnostic/Preventative	\$10.00	40%	45%	50%	Full Fee
Dental - Restorative	\$20.00	40%	45%	50%	Full Fee
Dental - Periodontal	\$35.00	40%	45%	50%	Full Fee
Dental - Endodontics	\$15-\$50	40%	45%	50%	Full Fee
Dental - Prosthodontics	\$50-\$275	40%	45%	50%	Full Fee
Oral Surgery	\$15-\$1000	40%	45%	50%	Full Fee
Adjunct Services	\$5-\$80	40%	45%	50%	Full Fee

- All dental services are billed per procedure.
- As an Example, Nominal Fee patient has a visit with 2 restorative procedures. Total patient copay amount would be 2 procedures x \$20/each for a total due of \$40

MARILLAC HEALTH - CICIP COPAY SCHEDULE

EFFECTIVE 4/1/2021 Marillac CICIP

Federal Poverty Scale (2021)														
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	12,880	12,881	15,070	15,071	17,130	17,131	20,479	20,480	23,828	23,829	25,760	25,761	32,200
2	0	17,420	17,421	20,381	20,382	23,169	23,170	27,698	27,699	32,227	32,228	34,840	34,841	43,550
3	0	21,960	21,961	25,693	25,694	29,207	29,208	34,916	34,917	40,626	40,627	43,920	43,921	54,900
4	0	26,500	26,501	31,005	31,006	35,245	35,246	42,135	42,136	49,025	49,026	53,000	53,001	66,250
5	0	31,040	31,041	36,317	36,318	41,283	41,284	49,354	49,355	57,424	57,425	62,080	62,081	77,600
6	0	35,580	35,581	41,629	41,630	47,321	47,322	56,572	56,573	65,823	65,824	71,160	71,161	88,950
7	0	40,120	40,121	46,940	46,941	53,360	53,361	63,791	63,792	74,222	74,223	80,240	80,241	100,300
8	0	44,660	44,661	52,252	52,253	59,398	59,399	71,009	71,010	82,621	82,622	89,320	89,321	111,650
9	0	49,200	49,201	57,564	57,565	65,436	65,437	78,228	78,229	91,020	91,021	98,400	98,401	123,000
10	0	53,740	53,741	62,876	62,877	71,474	71,475	85,447	85,448	99,419	99,420	107,480	107,481	134,350
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 \$4,540 per person														

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 Office Visit	\$0.00	\$5.00	\$20.00	\$25.00	\$25.00	\$35.00	\$35.00	\$40.00	
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 CICIP program.