

CICP/DFAP/PL 101 COMBINED ABILITY TO PAY SCALE
 Effective April 1 2018 to March 31 2019
 Verified 10/1/2018

CICP CAP		\$0		\$120		10% OF INCOME																Unscreened/ Self-pay		
CICP CAP	Z Range 0% to 40% FPL		N Range 0% to 40% FPL		A Range 41% to 62% FPL		B Range 63% to 81% FPL		C Range 82% to 100% FPL		D Range 101% to 117% FPL		E Range 118% to 133% FPL		F Range 134% to 159% FPL		G Range 160% to 185% FPL		H Range 186% to 200% FPL		I Range 201% to 250% FPL			
	Qualifies for Zero Co-pay		Does not Qualify for Zero Co-pay																					
C I C P	Primary Clinic/FQHC/AUCC	\$0	\$7	\$15	\$15	\$20	\$20	\$25	\$25	\$35	\$35	\$40	\$40	\$50	\$50	\$60	\$60	\$70	\$70	\$80	\$80	\$90	\$90	
	Specialty Clinic	\$0	\$15	\$25	\$25	\$30	\$30	\$35	\$35	\$45	\$45	\$55	\$55	\$65	\$65	\$75	\$75	\$85	\$85	\$95	\$95	\$105	\$105	
	IP/AMB/OBS	\$0	\$22	\$100	\$160	\$235	\$330	\$450	\$585	\$805	\$900	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945
	Advanced Imaging (MRI/CT)	\$0	\$30	\$90	\$130	\$185	\$250	\$335	\$425	\$580	\$645	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680
	ED Visit	\$0	\$22	\$60	\$80	\$110	\$140	\$185	\$230	\$315	\$345	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365
	RX/ Imaging	\$0	\$5	\$10	\$10	\$15	\$15	\$20	\$20	\$30	\$30	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
	Labs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
																						DFAP I rates effective 10/14/17 or prior will be honored but no DFAP I rates issued after 10/14/17	65% Discount on Charges	
D F A P	Primary Care/FQHC /AUCC	\$15	\$15	\$15	\$15	\$15	\$22	\$26	\$28	\$36	\$38	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	
	Specialty Clinic	\$30	\$30	\$30	\$30	\$30	\$35	\$35	\$35	\$45	\$45	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	
	IP/AMB/OBS	\$235	\$235	\$235	\$235	\$235	\$330	\$450	\$585	\$805	\$900	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945	\$945	
	Advanced Imaging (MRI/CT)	\$185	\$185	\$185	\$185	\$185	\$250	\$335	\$425	\$580	\$645	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680	\$680	
	ED Visit	\$110	\$110	\$110	\$110	\$110	\$140	\$185	\$230	\$315	\$345	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$365	
	Imaging	\$7	\$7	\$7	\$7	\$7	\$15	\$20	\$20	\$30	\$30	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
	Rx	\$10	\$10	\$10	\$10	\$10	\$15	\$20	\$20	\$30	\$30	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Labs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
D F A P	Dental																							
	Dental - Preventive	\$15	\$15	\$15	\$15	\$15	\$22	\$26	\$28	\$36	\$38	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	
	Dental - Disease Control**	\$30	\$30	\$30	\$30	\$30	30%	35%	40%	45%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Dental - OMFs**	\$235	\$235	\$235	\$235	\$235	30%	35%	40%	45%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
																							**Patients above 100% of the FPL will pay a % of total charges.	
	Family Size	0% to 40% FPL		0% to 40% FPL		UPPER LIMIT 62% FPL		UPPER LIMIT 81% FPL		UPPER LIMIT 100% FPL		UPPER LIMIT 117% FPL		UPPER LIMIT 133% FPL		UPPER LIMIT 159% FPL		UPPER LIMIT 185% FPL		UPPER LIMIT 200% FPL		UPPER LIMIT 250% FPL		FPL Unknown
	1	\$0	\$4,856	\$0	\$4,856	\$4,857	\$7,527	\$7,528	\$9,833	\$9,834	\$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	\$6,584	\$0	\$6,584	\$6,585	\$10,205	\$10,206	\$13,333	\$13,334	\$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	\$8,312	\$0	\$8,312	\$8,313	\$12,884	\$12,885	\$16,832	\$16,833	\$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	\$10,040	\$0	\$10,040	\$10,041	\$15,562	\$15,563	\$20,331	\$20,332	\$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	\$11,768	\$0	\$11,768	\$11,769	\$18,240	\$18,241	\$23,830	\$23,831	\$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	\$13,496	\$0	\$13,496	\$13,497	\$20,919	\$20,920	\$27,329	\$27,330	\$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	\$15,224	\$0	\$15,224	\$15,225	\$23,597	\$23,598	\$30,829	\$30,830	\$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	\$16,952	\$0	\$16,952	\$16,953	\$26,276	\$26,277	\$34,328	\$34,329	\$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	\$18,680	\$0	\$18,680	\$18,681	\$28,954	\$28,955	\$37,827	\$37,828	\$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	\$20,408	\$0	\$20,408	\$20,409	\$31,632	\$31,633	\$41,326	\$41,327	\$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	
	11	\$0	\$22,136	\$0	\$22,136	\$22,137	\$34,311	\$34,312	\$44,825	\$44,826	\$55,340	\$55,341	\$64,748	\$64,749	\$73,602	\$73,603	\$87,991	\$87,992	\$102,379	\$102,380	\$110,680	\$110,681	\$138,350	
	12	\$0	\$23,864	\$0	\$23,864	\$23,865	\$36,989	\$36,990	\$48,325	\$48,326	\$59,660	\$59,661	\$69,802	\$69,803	\$79,348	\$79,349	\$94,859	\$94,860	\$110,371	\$110,372	\$119,320	\$119,321	\$149,150	
	13	\$0	\$25,592	\$0	\$25,592	\$25,593	\$39,668	\$39,669	\$51,824	\$51,825	\$63,980	\$63,981	\$74,857	\$74,858	\$85,093	\$85,094	\$101,728	\$101,729	\$118,363	\$118,364	\$127,960	\$127,961	\$159,950	
	14	\$0	\$27,320	\$0	\$27,320	\$27,321	\$42,346	\$42,347	\$55,323	\$55,324	\$68,300	\$68,301	\$79,911	\$79,912	\$90,839	\$90,840	\$108,597	\$108,598	\$126,355	\$126,356	\$136,600	\$136,601	\$170,750	
	15	\$0	\$29,048	\$0	\$29,048	\$29,049	\$45,024	\$45,025	\$58,822	\$58,823	\$72,620	\$72,621	\$84,965	\$84,966	\$96,585	\$96,586	\$115,466	\$115,467	\$134,347	\$134,348	\$145,240	\$145,241	\$181,550	
	16	\$0	\$30,776	\$0	\$30,776	\$30,777	\$47,703	\$47,704	\$62,321	\$62,322	\$76,940	\$76,941	\$90,020	\$90,021	\$102,330	\$102,331	\$122,335	\$122,336	\$142,339	\$142,340	\$153,880	\$153,881	\$192,350	

Procedures with Specialty Clinic Co-pays: Cardiology tests (Echo, Stress Tests, Stress Echo, Holter), Pulmonary Function Tests, EMG, EEG, Sleep Study (Outpatient)

Procedures with Inpatient/Ambulatory Procedure Co-pays: Heart Cath, GI Lab, Interventional Radiology

Procedures with Advanced Imaging Co-pays: CT, MRI, Nuclear Med Tests

Procedures with Imaging Co-pays: Plain films, Barium Swallow, Bone Scan, DEXA

PL101 CAP Applies to Primary Care Services Only

PL101-CAP 0% PL101-CAP 0% PL101-CAP 0% PL101-CAP 0% PL101-CAP 0% PL101-CAP 10% PL101-CAP 10% PL101-CAP 10% PL101-CAP 10% PL101-CAP 10% PL101-CAP 10% PL101-CAP 10%