

CICP/DFAP/PL 101 COMBINED ABILITY TO PAY SCALE
 Effective April 1 2024 to March 31 2025
 Verified 3/25/2024

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	Unscreened/ Self-pay								
		Qualifies for Zero Co-pay	Does not Qualify for Zero Co-pay																		
CICP	Primary Clinic/FQHC/AUCC	\$0	\$7	\$15	\$15	\$20	\$20	\$25	\$25	\$35	\$35	\$40									
	Specialty Clinic	\$0	\$15	\$25	\$25	\$30	\$30	\$35	\$35	\$45	\$45	\$50									
	IP/AMB/OBS	\$0	\$22	\$100	\$160	\$235	\$330	\$450	\$585	\$805	\$900	\$945									
	Advanced Imaging (MRI/CT/PET)	\$0	\$30	\$90	\$130	\$185	\$250	\$335	\$425	\$580	\$645	\$680									
	ED Visit	\$0	\$22	\$60	\$80	\$110	\$140	\$185	\$230	\$315	\$345	\$365									
	RX/ Imaging	\$0	\$5	\$10	\$10	\$15	\$15	\$20	\$20	\$30	\$30	\$35									
	Labs	\$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								
DFAP	Primary Care/FQHC/AUCC	\$15	\$15	\$15	\$15	\$15	\$22	\$26	\$28	\$36	\$38	\$40	\$50 deposit								
	Specialty Clinic	\$30	\$30	\$30	\$30	\$30	\$35	\$35	\$45	\$45	\$45	\$50	\$50 deposit								
	IP/AMB/OBS	\$235	\$235	\$235	\$235	\$235	\$330	\$450	\$585	\$805	\$900	\$945	\$3,000 deposit								
	Advanced Imaging (MRI/CT/PET)	\$185	\$185	\$185	\$185	\$185	\$250	\$335	\$425	\$580	\$645	\$680	\$1,000 deposit								
	ED Visit	\$110	\$110	\$110	\$110	\$110	\$140	\$185	\$230	\$315	\$345	\$365	\$1,000 deposit								
	Imaging	\$7	\$7	\$7	\$7	\$7	\$15	\$20	\$20	\$30	\$30	\$35	\$300 deposit								
	Rx	\$10	\$10	\$10	\$10	\$10	\$15	\$20	\$20	\$30	\$30	\$35									
Labs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0										
DFAP	Dental																				
	Dental - Preventive	\$15	\$15	\$15	\$15	\$15	\$22	\$26	\$28	\$36	\$38	\$40									
	Dental - Disease Control**	\$30	\$30	\$30	\$30	\$30	30%	35%	40%	45%	50%	100%	**Patients above 100% of the FPL will pay a % of total charges.								
Dental - OMFs**	\$235	\$235	\$235	\$235	\$235	30%	35%	40%	45%	50%	100%										
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 \$6,024	\$0 \$6,024	\$6,025 \$9,337	\$9,338 \$12,199	\$12,200 \$15,060	\$15,061 \$17,620	\$17,621 \$20,030	\$20,031 \$23,945	\$23,946 \$27,861	\$27,862 \$30,120	\$30,121 \$37,650	\$37,651									
2	\$0 \$8,176	\$0 \$8,176	\$8,177 \$12,673	\$12,674 \$16,556	\$16,557 \$20,440	\$20,441 \$23,915	\$23,916 \$27,185	\$27,186 \$32,500	\$32,501 \$37,814	\$37,815 \$40,880	\$40,881 \$51,100	\$51,101									
3	\$0 \$10,328	\$0 \$10,328	\$10,329 \$16,008	\$16,009 \$20,914	\$20,915 \$25,820	\$25,821 \$30,209	\$30,210 \$34,341	\$34,342 \$41,054	\$41,055 \$47,767	\$47,768 \$51,640	\$51,641 \$64,550	\$64,551									
4	\$0 \$12,480	\$0 \$12,480	\$12,481 \$19,344	\$19,345 \$25,272	\$25,273 \$31,200	\$31,201 \$36,504	\$36,505 \$41,496	\$41,497 \$49,608	\$49,609 \$57,720	\$57,721 \$62,400	\$62,401 \$78,000	\$78,001									
5	\$0 \$14,632	\$0 \$14,632	\$14,633 \$22,680	\$22,681 \$29,630	\$29,631 \$36,580	\$36,581 \$42,799	\$42,800 \$48,651	\$48,652 \$58,162	\$58,163 \$67,673	\$67,674 \$73,160	\$73,161 \$91,450	\$91,451									
6	\$0 \$16,784	\$0 \$16,784	\$16,785 \$26,015	\$26,016 \$33,988	\$33,989 \$41,960	\$41,961 \$49,093	\$49,094 \$55,807	\$55,808 \$66,716	\$66,717 \$77,626	\$77,627 \$83,920	\$83,921 \$104,900	\$104,901									
7	\$0 \$18,936	\$0 \$18,936	\$18,937 \$29,351	\$29,352 \$38,345	\$38,346 \$47,340	\$47,341 \$55,388	\$55,389 \$62,962	\$62,963 \$75,271	\$75,272 \$87,579	\$87,580 \$94,680	\$94,681 \$118,350	\$118,351									
8	\$0 \$21,088	\$0 \$21,088	\$21,089 \$32,686	\$32,687 \$42,703	\$42,704 \$52,720	\$52,721 \$61,682	\$61,683 \$70,118	\$70,119 \$83,825	\$83,826 \$97,532	\$97,533 \$105,440	\$105,441 \$131,800	\$131,801									
9	\$0 \$23,240	\$0 \$23,240	\$23,241 \$36,022	\$36,023 \$47,061	\$47,062 \$58,100	\$58,101 \$67,977	\$67,978 \$77,273	\$77,274 \$92,379	\$92,380 \$107,485	\$107,486 \$116,200	\$116,201 \$145,250	\$145,251									
10	\$0 \$25,392	\$0 \$25,392	\$25,393 \$39,358	\$39,359 \$51,419	\$51,420 \$63,480	\$63,481 \$74,272	\$74,273 \$84,428	\$84,429 \$100,933	\$100,934 \$117,438	\$117,439 \$126,960	\$126,961 \$158,700	\$158,701									
11	\$0 \$27,544	\$0 \$27,544	\$27,545 \$42,693	\$42,694 \$55,777	\$55,778 \$68,860	\$68,861 \$80,566	\$80,567 \$91,584	\$91,585 \$109,487	\$109,488 \$127,391	\$127,392 \$137,720	\$137,721 \$172,150	\$172,151									
12	\$0 \$29,696	\$0 \$29,696	\$29,697 \$46,029	\$46,030 \$60,134	\$60,135 \$74,240	\$74,241 \$86,861	\$86,862 \$98,739	\$98,740 \$118,042	\$118,043 \$137,344	\$137,345 \$148,480	\$148,481 \$185,600	\$185,601									
13	\$0 \$31,848	\$0 \$31,848	\$31,849 \$49,364	\$49,365 \$64,492	\$64,493 \$79,620	\$79,621 \$93,155	\$93,156 \$105,895	\$105,896 \$126,596	\$126,597 \$147,297	\$147,298 \$159,240	\$159,241 \$199,050	\$199,051									
14	\$0 \$34,000	\$0 \$34,000	\$34,001 \$52,700	\$52,701 \$68,850	\$68,851 \$85,000	\$85,001 \$99,450	\$99,451 \$113,050	\$113,051 \$135,150	\$135,151 \$157,250	\$157,251 \$170,000	\$170,001 \$225,500	\$225,501									
15	\$0 \$36,152	\$0 \$36,152	\$36,153 \$56,036	\$56,037 \$73,208	\$73,209 \$90,380	\$90,381 \$105,745	\$105,746 \$120,205	\$120,206 \$143,704	\$143,705 \$167,203	\$167,204 \$180,760	\$180,761 \$239,400	\$239,401									
16	\$0 \$38,304	\$0 \$38,304	\$38,305 \$59,371	\$59,372 \$77,566	\$77,567 \$95,760	\$95,761 \$112,039	\$112,040 \$127,361	\$127,362 \$152,258	\$152,259 \$177,156	\$177,157 \$191,520	\$191,521 \$259,400	\$259,401									

Telehealth Copays are waived for CICP and DFAP from 3/16/2020 through 12/31/2021

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, PET Scans

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