

| Medicaid*                 |  |     |     |     |     |     |     |   |   |   |   |   |
|---------------------------|--|-----|-----|-----|-----|-----|-----|---|---|---|---|---|
|                           |  | N   | A   | B   | C   | D   | E   | F   | G | H | I | J |
| Nominal Fee - Ages 0-18** |  | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | <i>This group may be eligible for insurance premium tax credits when purchasing through Connect for Health Colorado. Children and pregnant women may be eligible for coverage through CHP+.</i> |   |   |   |   |
| Nominal Fee - Ages 19-64  |  | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |   |   |   |   |   |

\* This Medicaid scale does not apply to disabled enrollees or those with an age of 65 or older. For clarity on medicaid eligibility, an appointment with an eligibility team member is required.

\*\* This age group is eligible up to 142% FPL.

| CHC NOMINAL FEE - FOR USE WITH CAP CARDS                        |  |      |   |   |   |      |      |      |      |      |          |          |
|---|--|------|---|---|---|------|------|------|------|------|----------|----------|
|   |  | N    | A | B | C | D    | E    | F    | G    | H    | I        | J        |
| <b>MEDICAL per Visit</b>  |  |      |   |   |   |      |      |      |      |      |          |          |
| Office Visit Nominal Fee including *MNT,**DSME and ***RN visits |  | \$10 |   |   |   | \$20 | \$25 | \$25 | \$35 | \$40 | Full Fee | FULL FEE |
| Procedure Nominal Fee per procedure                             |  | \$10 |   |   |   | \$20 | \$25 | \$25 | \$35 | \$40 | Full Fee | FULL FEE |
| Medical Lab Services  |  | \$10 |   |   |   | \$15 | \$20 | \$20 | \$35 | \$40 | Full Fee | FULL FEE |
| <b>BEHAVIORAL HEALTH</b>  |  | N    | A | B | C | D    | E    | F    | G    | H    | I        | J        |
| Behavioral Health Visit including in office psychiatry visit    |  | \$10 |   |   |   | \$20 | \$25 | \$25 | \$35 | \$35 | FULL FEE |          |
| Telepsych Visit for use only during PHE                         |  | \$10 |   |   |   | \$20 | \$25 | \$25 | \$35 | \$35 | FULL FEE |          |

Medicare - patient is responsible for 20% of total charges, to be billed to patient

| FAMILY PLANNING NOMINAL FEE                           |   |     |   |   |   |      |      |       |       |       |       |          |
|---|---|-----|---|---|---|------|------|-------|-------|-------|-------|----------|
|   | Z | N   | A | B | C | D    | E    | F     | G     | H     | I     | J        |
| *FP POS Payment                                       |   |     |   |   |   | \$20 | \$25 | \$25  | \$35  | \$35  | \$40  | FULL FEE |
| Mirena  |   |     |   |   |   | \$30 | \$75 | \$120 | \$165 | \$210 | \$270 | \$300    |
| Paraguard   |   |     |   |   |   | \$19 | \$46 | \$74  | \$102 | \$130 | \$167 | \$185    |
| Nexplanon   |   | \$0 |   |   |   | \$33 | \$81 | \$130 | \$179 | \$228 | \$293 | \$325    |
| Liletta   |   |     |   |   |   | \$20 | \$25 | \$30  | \$35  | \$40  | \$45  | \$50     |
| **FP Supply, Pills, Depo shots, etc (x's No of Units) |   |     |   |   |   | \$2  | \$4  | \$6   | \$8   | \$10  | \$13  | \$15     |

\* FP POS Payment includes office visit, procedures and labs

\*\* FP Supply includes Birth Control supplies, Ex. Pills

| IMMUNIZATIONS NOMINAL FEE |     |     |   |   |   |      |   |   |      |      |      |          |
|---------------------------|-----|-----|---|---|---|------|---|---|------|------|------|----------|
|                           | Z   | N   | A | B | C | D    | E | F | G    | H    | I    | J        |
| POS Payment               | \$0 | \$5 |   |   |   | \$7  |   |   | \$10 |      | \$15 | FULL FEE |
| Admin Fee                 | \$0 | \$5 |   |   |   | \$10 |   |   |      | \$15 |      | FULL FEE |

| HOME CARE NOMINAL FEE SCALE |              |     |   |   |   |     |   |   |   |     |          |          |
|-----------------------------|--------------|-----|---|---|---|-----|---|---|---|-----|----------|----------|
|                             | Charity Care | N   | A | B | C | D   | E | F | G | H   | I        | J        |
| Home Health Services        | \$0          | 25% |   |   |   | 50% |   |   |   | 75% | Full Fee | FULL FEE |
| Hospice Services            | \$0          | 25% |   |   |   | 50% |   |   |   | 75% | Full Fee | FULL FEE |

**2026 INCOME GUIDELINES**

| # in Family | Z        | N    |          | A        |          | B        |          | C        |          | D        |          | E        |          | F        |          | G        |           | H         |           | I         |           | J         |          |
|-------------|----------|------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|
|             |          | From | To       | From     | To       | From     | To       | From     | To       | From     | To       | From     | To       | From     | To       | From     | To        | From      | To        | From      | To        | From      | To       |
| 1           | Homeless | \$0  | \$6,384  | \$6,385  | \$9,895  | \$9,896  | \$12,928 | \$12,929 | \$15,960 | \$15,961 | \$18,673 | \$18,674 | \$21,227 | \$21,228 | \$25,376 | \$25,377 | \$29,526  | \$29,527  | \$31,920  | \$31,921  | \$39,900  | \$39,901  | and over |
| 2           |          | \$0  | \$8,656  | \$8,657  | \$13,417 | \$13,418 | \$17,528 | \$17,529 | \$21,640 | \$21,641 | \$25,319 | \$25,320 | \$28,781 | \$28,782 | \$34,408 | \$34,409 | \$40,034  | \$40,035  | \$43,280  | \$43,281  | \$54,100  | \$54,101  | and over |
| 3           |          | \$0  | \$10,928 | \$10,929 | \$16,938 | \$16,939 | \$22,129 | \$22,130 | \$27,320 | \$27,321 | \$31,964 | \$31,965 | \$36,336 | \$36,337 | \$43,439 | \$43,440 | \$50,542  | \$50,543  | \$54,640  | \$54,641  | \$68,300  | \$68,301  | and over |
| 4           |          | \$0  | \$13,200 | \$13,201 | \$20,460 | \$20,461 | \$26,730 | \$26,731 | \$33,000 | \$33,001 | \$38,610 | \$38,611 | \$43,890 | \$43,891 | \$52,470 | \$52,471 | \$61,050  | \$61,051  | \$66,000  | \$66,001  | \$82,500  | \$82,501  | and over |
| 5           |          | \$0  | \$15,472 | \$15,473 | \$23,982 | \$23,983 | \$31,331 | \$31,332 | \$38,680 | \$38,681 | \$45,256 | \$45,257 | \$51,444 | \$51,445 | \$61,501 | \$61,502 | \$71,558  | \$71,559  | \$77,360  | \$77,361  | \$96,700  | \$96,701  | and over |
| 6           |          | \$0  | \$17,744 | \$17,745 | \$27,503 | \$27,504 | \$35,932 | \$35,933 | \$44,360 | \$44,361 | \$51,901 | \$51,902 | \$58,999 | \$59,000 | \$70,532 | \$70,533 | \$82,066  | \$82,067  | \$88,720  | \$88,721  | \$110,900 | \$110,901 | and over |
| 7           |          | \$0  | \$20,016 | \$20,017 | \$31,025 | \$31,026 | \$40,532 | \$40,533 | \$50,040 | \$50,041 | \$58,547 | \$58,548 | \$66,553 | \$66,554 | \$79,564 | \$79,565 | \$92,574  | \$92,575  | \$100,080 | \$100,081 | \$125,100 | \$125,101 | and over |
| 8           |          | \$0  | \$22,288 | \$22,289 | \$34,546 | \$34,547 | \$45,133 | \$45,134 | \$55,720 | \$55,721 | \$65,192 | \$65,193 | \$74,108 | \$74,109 | \$88,595 | \$88,596 | \$103,082 | \$103,083 | \$111,440 | \$111,441 | \$139,300 | \$139,301 | and over |
| % of FPL    |          |      | 40%      |          | 62%      |          | 81%      |          | 100%     |          | 117%     |          | 133%     |          | 159%     |          | 185%      |           | 200%      |           | 250%      |           | >250%    |