

Medicaid*												
		N	A	B	C	D	E	F	G	H	I	J
Nominal Fee - Ages 0-18**		\$0	\$0	\$0	\$0	\$0	\$0	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+.				
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 eligiblility, an appointment with an eligibilty team member is required.

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

CHC NOMINAL FEE - FOR USE WITH CAP CARDS												
MEDICAL per Visit		N	A	B	C	D	E	F	G	H	I	J
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
BEHAVIORAL HEALTH		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		\$0				\$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						\$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																							
	Z	N		A		B		C		D		E		F		G		H		I	I	J	
# in Family	Homeless	From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To
1		\$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%	