

Attachment B – 2018 Financial Assistance Discount Guidelines

2018				Family Income as a Percent of Federal Poverty Guidelines	
Discount Provided		100% discount		70% discount	
Family Size	Federal Poverty Guidelines	Income less than or Equal to 200% FPG		Income of 201% - 400% of FPG	
1	\$12,140	\$0 - \$24,280		\$24,281 - \$48,560	
2	\$16,460	\$0 - \$32,920		\$32,921 - \$65,840	
3	\$20,780	\$0 - \$41,560		\$41,561 - \$83,120	
4	\$25,100	\$0 - \$50,200		\$50,201 - \$100,400	
5	\$29,420	\$0 - \$58,840		\$58,841 - \$117,680	
6	\$33,740	\$0 - \$67,480		\$67,481 - \$134,960	
7	\$38,060	\$0 - \$76,120		\$76,121 - \$152,240	
8	\$42,380	\$0 - \$84,760		\$84,761 - \$169,520	

** For family units with more than 8 persons, add \$4,320 for each additional person.*

Amounts charged to a patient eligible for Financial Assistance under this policy will be based on the applicable discount stated in the table above multiplied by the gross charges otherwise billable to the patient, subject to the “AGB” limitation described below.

In accordance with Internal Revenue Code section 501(r), a patient eligible for Financial Assistance under this policy will not be charged more than the amount generally billed to individuals who have insurance covering such care (“AGB”).

Facility has initially elected to calculate AGB under the “prospective Medicare method” described in applicable Treasury Regulations, using the billing and coding process the Facility would use if the individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount the Facility determines would be the total amount Medicare would allow for the care (including both the amounts that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles).