

DISCOUNT LEVEL BASED ON FAMILY INCOME & SIZE

APPENDIX A

	Level A		Level B1		Level B2		Level B3		Level B4		Level C
FAMILY	<100% OF		<125% OF		<150% OF		<175% OF		<200% OF		>200% OF
SIZE	POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL
	1-100%		101 to 125%		126 to 150%		151 to 175%		176 to 200%		Over 200%
1	0 -	12,760	12,760.01	15,950.00	15,950.01	19,140.00	19,140.01	22,330.00	22,330.01	25,520.00	25,520.01
2	0 -	17,240	17,240.01	21,550.00	21,550.01	25,860.00	25,860.01	30,170.00	30,170.01	34,480.00	34,480.01 and over
3	0 -	21,720	21,720.01	27,150.00	27,150.01	32,580.00	32,580.01	38,010.00	38,010.01	43,440.00	43,440.01 and over
4	0 -	26,200	26,200.01	32,750.00	32,750.01	39,300.00	39,300.01	45,850.00	45,850.01	52,400.00	52,400.01 and over
5	0 -	30,680	30,680.01	38,350.00	38,350.01	46,020.00	46,020.01	53,690.00	53,690.01	61,360.00	61,360.01 and over
6	0 -	35,160	35,160.01	43,950.00	43,950.01	52,740.00	52,740.01	61,530.00	61,530.01	70,320.00	70,320.01 and over
7	0 -	39,640	39,640.01	49,550.00	49,550.01	59,460.00	59,460.01	69,370.00	69,370.01	79,280.00	79,280.01 and over
8	0 -	44,120	44,120.01	55,150.00	55,150.01	66,180.00	66,180.01	77,210.00	77,210.01	88,240.00	88,240.01 and over
For family sizes greater than 8, add to the upper limit, for each additional family member:											
9+		4,480.00	4,480.01 to 5,600.00		5,600.01 to 6,720.00		6,720.01 to 7,840.00		7,840.01 to 8,960.00		8,960.01 and over
Patient is responsible to pay for services in accordance with the attached Appendix A											