## Sliding Fee Scale Discount Table - 2020

### HOSPITAL SERVICES

Payment of full Self Pay (level 7) discounted Rates is due if income exceeds 400% of the FPL.

<table>
<thead>
<tr>
<th>Family size</th>
<th>Nominal fee</th>
<th>101-150% of FPL</th>
<th>151-250% of FPL</th>
<th>251-400 % of FPL MAX</th>
<th>Over 400% FPL NO MAX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
<td>Level 5</td>
</tr>
<tr>
<td></td>
<td>Maximum</td>
<td>Maximum</td>
<td>Maximum</td>
<td>Maximum</td>
<td>Maximum</td>
</tr>
<tr>
<td></td>
<td>income limit</td>
<td>income limit</td>
<td>income limit</td>
<td>income limit</td>
<td>income limit</td>
</tr>
<tr>
<td>1</td>
<td>$12,760</td>
<td>$15,950</td>
<td>$19,140</td>
<td>$25,520</td>
<td>$31,900</td>
</tr>
<tr>
<td>2</td>
<td>$17,240</td>
<td>$21,550</td>
<td>$25,860</td>
<td>$34,480</td>
<td>$43,100</td>
</tr>
<tr>
<td>3</td>
<td>$21,720</td>
<td>$27,150</td>
<td>$32,580</td>
<td>$43,440</td>
<td>$54,301</td>
</tr>
<tr>
<td>4</td>
<td>$26,200</td>
<td>$32,750</td>
<td>$39,300</td>
<td>$52,400</td>
<td>$65,501</td>
</tr>
<tr>
<td>5</td>
<td>$30,680</td>
<td>$38,350</td>
<td>$46,020</td>
<td>$61,360</td>
<td>$76,701</td>
</tr>
<tr>
<td>6</td>
<td>$35,160</td>
<td>$43,950</td>
<td>$52,740</td>
<td>$70,320</td>
<td>$87,901</td>
</tr>
<tr>
<td>7</td>
<td>$39,640</td>
<td>$49,550</td>
<td>$59,460</td>
<td>$79,280</td>
<td>$99,101</td>
</tr>
<tr>
<td>8</td>
<td>$44,120</td>
<td>$55,150</td>
<td>$66,180</td>
<td>$88,240</td>
<td>$110,301</td>
</tr>
</tbody>
</table>

For each add'l person add:

- $4,480 for each add'l person for family sizes 1-6
- $5,600 for each add'l person for family size 7
- $6,720 for each add'l person for family size 8

### Patient responsibility:

- $100 or 5% of Medicare rate (lesser of the 2)
- 10% of Medicare Rate
- 20% of Medicare Rate
- 50% of Medicare Rate
- 60% of Medicare Rate
- 75% of Medicare Rate
- 100% of Medicare Rate

### Percentage over FPL:

- 100% of FPL base
- 101-125% of FPL base
- 126-150% of FPL base
- 151-200% of FPL base
- 201-250% of FPL base
- 251-400% of FPL base
- Over 400% of FPL

### Sliding fee level 6 income range

- $31,901 - $51,040
- $51,041

### Sliding fee scale Level 7 minimum income range (minimum)

- $51,041

### New York State Surcharge

The New York State Surcharge will be computed once bill is prorated to the correct amounts.

Payment of full Self Pay (level 7) discounted Rates is due if income exceeds 400% of the FPL. Certain services are excluded in accordance with our policy. The responsibilities identified above are samples only and for an exact fee owed, please contact our financial services department at the numbers located in our policy. The income limits above are based upon the current 2019 Federal Poverty levels released by Health and Human Services yearly.

There is no asset test for financial assistance.

In accordance with State Law, There is NO nominal fee for OB and Pediatric Level one eligible patients.

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