ATTACHMENT "A"

FEDERAL POVERTY INCOME GUIDELINES

CARSON VALLEY MEDICAL CENTER'S ELIGIBILITY DETERMINATION FOR COMMUNITY CARE ASSISTANCE.

Eligibility Guide for 2020: Using household income and size as calculated in the financial screening process identify eligibility for financial discount. Family Size Period Federal Poverty Guidelines (100%): If income is below 250% (shown below) of FPIG eligible for *Full write-off*. If income is above 250% but below 400% (shown below) of FPG, eligible for *Partial write-off*.

	20	20 Yearly			201%	-	2	226% -	251% -	276% -	301% -
Household Size	ı	ncome	0	-200%	225%	6	;	250%	275%	300%	350%
1	\$	12,760	\$	25,520	\$ 28,7	10	\$ 3	31,900	\$ 35,090	\$ 38,280	\$ 44,660
2	\$	17,240	\$	34,480	\$ 38,7	90	\$ 4	13,100	\$ 47,410	\$ 51,720	\$ 60,340
3	\$	21,720	\$	43,440	\$ 48,8	70	\$ 5	54,300	\$ 59,730	\$ 65,160	\$ 76,020
4	\$	26,200	\$	52,400	\$ 58,9	50	\$6	55,500	\$ 72,050	\$ 78,600	\$ 91,700
5	\$	30,680	\$	61,360	\$ 69,0	30	\$ 7	76,700	\$ 84,370	\$ 92,040	\$ 107,380
6	\$	35,160	\$	70,320	\$ 79,1	10	\$ 8	37,900	\$ 96,690	\$ 105,480	\$ 123,060
7	\$	39,640	\$	79,280	\$ 89,1	90	\$ 9	99,100	\$ 109,010	\$ 118,920	\$ 138,740
8	\$	44,120	\$	88,240	\$ 99,2	70	\$ 1	110,300	\$ 121,330	\$ 132,360	\$ 154,420
Add for each additional											
person	\$	4,480	\$	8,960	\$ 10,0	80	\$ 1	11,200	\$ 12,320	\$ 13,440	\$ 15,680
Patient Pays per accoun	t										
									The	The	The
			Th	e lessor	The les	sor	Th	e lessor	greater of	greater of	greater of
For account charges			or (charges	or charg	ges	or c	charges	20% of	20% of	25% of
less than \$500.00			or S	\$10.00	or \$15.0	00	or \$	\$20.00	charges or	charges or	charges or
									The lower	The lower	The lower
For account charges									of 10% of	of 15% of	of 20% of
greater than \$500 and									charges or	charges or	charges or
less than \$2,000			\$	10.00	\$ 15	.00	\$	20.00	\$100.00	\$150.00	\$200.00
									The lower	The lower	The lower
									of 10% of	of 15% of	of 20% of
For account charges									charges or	charges or	charges or
greater than \$2,000			\$	10.00	\$ 15	.00	\$	20.00	\$150.00	\$300.00	\$2,500.00

<u>For each additional person add \$4,480 for annual income and \$ 360 monthly. Carson Valley Medical Center Inpatient Outpatient</u>