

Healthways/Regional Medical Center at Lubec Sliding Fee Discount Program

February 1st, 2023 Approved by the RMCL Board of Directors 2023.01.31 **Attachment C**

In order to provide accessible and affordable health care, RMCL offers reduced fees through the Sliding Fee Program.

family size		CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D	Ineligible
		up to 100%	101% - 125%	126% - 150%	151% - 200%	over 201%
1	Monthly	\$ 1,215 or Less	\$ 1,216 - \$ 1,519	\$ 1,520 - \$ 1,823	\$ 1,824 - \$ 2,430	\$ 2,431 or more
	Yearly	\$14,580 or Less	\$ 14,581 - \$18,225	\$18,226 - \$21,870	\$21,871 - \$ 29,160	\$ 29,161 or more
2	Monthly	\$ 1,643 or Less	\$ 1,644 - \$ 2,054	\$ 2,055 - \$ 2,465	\$ 2,466 - \$ 3,287	\$ 3,288 or more
	Yearly	\$19,720 or Less	\$ 19,721 - \$24,650	\$24,651 - \$29,580	\$29,581 - \$ 39,440	\$ 39,441 or more
3	Monthly	\$ 2,072 or Less	\$ 2,073 - \$ 2,590	\$ 2,591 - \$ 3,108	\$ 3,109 - \$ 4,143	\$ 4,144 or more
	Yearly	\$24,860 or Less	\$ 24,861 - \$31,075	\$31,076 - \$37,290	\$37,291 - \$ 49,720	\$ 49,721 or more
4	Monthly	\$ 2,500 or Less	\$ 2,501 - \$ 3,125	\$ 3,126 - \$ 3,750	\$ 3,751 - \$ 5,000	\$ 5,001 or more
	Yearly	\$30,000 or Less	\$ 30,001 - \$37,500	\$37,501 - \$45,000	\$45,001 - \$ 60,000	\$ 60,001 or more
5	Monthly	\$ 2,928 or Less	\$ 2,929 - \$ 3,660	\$ 3,661 - \$ 4,393	\$ 4,394 - \$ 5,857	\$ 5,858 or more
	Yearly	\$35,140 or Less	\$ 35,141 - \$43,925	\$43,926 - \$52,710	\$52,711 - \$ 70,280	\$ 70,281 or more
6	Monthly	\$ 3,357 or Less	\$ 3,358 - \$ 4,196	\$ 4,197 - \$ 5,035	\$ 5,036 - \$ 6,713	\$ 6,714 or more
	Yearly	\$40,280 or Less	\$ 40,281 - \$50,350	\$50,351 - \$60,420	\$60,421 - \$ 80,560	\$ 80,561 or more
7	Monthly	\$ 3,785 or Less	\$ 3,786 - \$ 4,731	\$ 4,732 - \$ 5,678	\$ 5,679 - \$ 7,570	\$ 7,571 or more
	Yearly	\$45,420 or Less	\$ 45,421 - \$56,775	\$56,776 - \$68,130	\$68,131 - \$ 90,840	\$ 90,841 or more
8	Monthly	\$ 4,213 or Less	\$ 4,214 - \$ 5,267	\$ 5,268 - \$ 6,320	\$ 6,321 - \$ 8,427	\$ 8,428 or more
	Yearly	\$50,560 or Less	\$ 50,561 - \$63,200	\$63,201 - \$75,840	\$75,841 - \$101,120	\$101,121 or more
add per additional member	Monthly	\$451	\$564	\$676	\$902	N/A
	Yearly	\$5,410	\$6,763	\$8,115	\$10,820	N/A

Service	Category A	Category B	Category C	Category D	Ineligible
Medical Care	\$15	\$25	\$35	\$45	Full
Counseling Services	\$15	\$25	\$35	\$45	Full
Preventive Dental	\$15	\$25	\$35	\$45	Full
Restorative/ other	\$15	\$45	\$55	\$75	Full
Root Canals	\$180	\$360	\$540	\$720	Full
Temporary Devices	\$200	\$300	\$400	\$500	Full
Partial Dentures and	\$400	\$600	\$800	\$1,000	Full
Dentures	\$800	\$1,200	\$1,600	\$2,000	Full

BASED ON 2023 DHHS POVERTY GUIDELINES PUBLISHED SOURCE: Federal Register, January 19, 2023.

An application for the program can be obtained from one of our reception or billing staff.

Revised 02/01/2023