

## Healthways/Regional Medical Center at Lubec Sliding Fee Discount Program

**February 1<sup>st</sup>, 2022**    Approved by the RMCL Board of Directors    2022.01.26    **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	\$ 1,133 or Less	\$ 1,134 - \$ 1,416	\$ 1,417 - \$ 1,699	\$ 1,700 \$ 2,265	\$ 2,266 or more
	Yearly	\$ 13,590 or Less	\$ 13,591 - \$ 16,988	\$ 16,989 - \$ 20,385	\$ 20,386 \$ 27,180	\$ 27,181 or more
2	Monthly	\$ 1,526 or Less	\$ 1,527 - \$ 1,907	\$ 1,908 - \$ 2,289	\$ 2,290 \$ 3,052	\$ 3,053 or more
	Yearly	\$ 18,310 or Less	\$ 18,311 - \$ 22,888	\$ 22,889 - \$ 27,465	\$ 27,466 \$ 36,620	\$ 36,621 or more
3	Monthly	\$ 1,919 or Less	\$ 1,920 - \$ 2,399	\$ 2,400 - \$ 2,879	\$ 2,880 \$ 3,838	\$ 3,839 or more
	Yearly	\$ 23,030 or Less	\$ 23,031 - \$ 28,788	\$ 28,789 - \$ 34,545	\$ 34,546 \$ 46,060	\$ 46,061 or more
4	Monthly	\$ 2,313 or Less	\$ 2,314 - \$ 2,891	\$ 2,892 - \$ 3,469	\$ 3,470 \$ 4,625	\$ 4,626 or more
	Yearly	\$ 27,750 or Less	\$ 27,751 - \$ 34,688	\$ 34,689 - \$ 41,625	\$ 41,626 \$ 55,500	\$ 55,501 or more
5	Monthly	\$ 2,706 or Less	\$ 2,707 - \$ 3,382	\$ 3,383 - \$ 4,059	\$ 4,060 \$ 5,412	\$ 5,413 or more
	Yearly	\$ 32,470 or Less	\$ 32,471 - \$ 40,588	\$ 40,589 - \$ 48,705	\$ 48,706 \$ 64,940	\$ 64,941 or more
6	Monthly	\$ 3,099 or Less	\$ 3,100 - \$ 3,874	\$ 3,875 - \$ 4,649	\$ 4,650 \$ 6,198	\$ 6,199 or more
	Yearly	\$ 37,190 or Less	\$ 37,191 - \$ 46,488	\$ 46,489 - \$ 55,785	\$ 55,786 \$ 74,380	\$ 74,381 or more
7	Monthly	\$ 3,493 or Less	\$ 3,494 - \$ 4,366	\$ 4,367 - \$ 5,239	\$ 5,240 \$ 6,985	\$ 6,986 or more
	Yearly	\$ 41,910 or Less	\$ 41,911 - \$ 52,388	\$ 52,389 - \$ 62,865	\$ 62,866 \$ 83,820	\$ 83,821 or more
8	Monthly	\$ 3,886 or Less	\$ 3,887 - \$ 4,857	\$ 4,858 - \$ 5,829	\$ 5,830 \$ 7,772	\$ 7,773 or more
	Yearly	\$ 46,630 or Less	\$ 46,631 - \$ 58,288	\$ 58,289 - \$ 69,945	\$ 69,946 \$ 93,260	\$ 93,261 or more
add per additional member	Monthly	\$393	\$492	\$590	\$787	N/A
	Yearly	\$4,720	\$5,900	\$7,080	\$9,440	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 Dental	\$15	\$45	\$55	\$75	Full
Root Canals	\$180	\$360	\$540	\$720	Full
Temporary Devices and Maintenance	\$200	\$300	\$400	\$500	Full
Crowns, Fixed Prosthodontics, Bridges, & Partial Dentures	\$400	\$600	\$800	\$1,000	Full
Dentures (full set)	\$800	\$1,200	\$1,600	\$2,000	Full

BASED ON 2022 DHHS POVERTY GUIDELINES PUBLISHED SOURCE: Federal Register, January 12, 2022.

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

Revised 04/05/2022