

Healthways/Regional Medical Center at Lubec Sliding Fee Program

February 1st, 2020

APPROVED BY THE RMCL BOARD OF DIRECTORS:

2020.01.29

Attachment C

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

family size		CATEGORY A up to 100%	CATEGORY B 101% - 125%	CATEGORY C 126% - 150%	CATEGORY D 151% - 200%	Ineligible over 201%
1	Monthly	\$ 1,063 or Less	\$ 1,064 - \$ 1,329	\$ 1,330 - \$ 1,595	\$ 1,596 \$ 2,127	\$ 2,128 or more
	Yearly	\$ 12,760 or Less	\$ 12,761 - \$ 15,950	\$ 15,951 - \$ 19,140	\$ 19,141 \$ 25,520	\$ 25,521 or more
2	Monthly	\$ 1,437 or Less	\$ 1,438 - \$ 1,796	\$ 1,797 - \$ 2,155	\$ 2,156 \$ 2,873	\$ 2,874 or more
	Yearly	\$ 17,240 or Less	\$ 17,241 - \$ 21,550	\$ 21,551 - \$ 25,860	\$ 25,861 \$ 34,480	\$ 34,481 or more
3	Monthly	\$ 1,810 or Less	\$ 1,811 - \$ 2,263	\$ 2,264 - \$ 2,715	\$ 2,716 \$ 3,620	\$ 3,621 or more
	Yearly	\$ 21,720 or Less	\$ 21,721 - \$ 27,150	\$ 27,151 - \$ 32,580	\$ 32,581 \$ 43,440	\$ 43,441 or more
4	Monthly	\$ 2,183 or Less	\$ 2,184 - \$ 2,729	\$ 2,730 - \$ 3,275	\$ 3,276 \$ 4,367	\$ 4,368 or more
	Yearly	\$ 26,200 or Less	\$ 26,201 - \$ 32,750	\$ 32,751 - \$ 39,300	\$ 39,301 \$ 52,400	\$ 52,401 or more
5	Monthly	\$ 2,557 or Less	\$ 2,558 - \$ 3,196	\$ 3,197 - \$ 3,835	\$ 3,836 \$ 5,113	\$ 5,114 or more
	Yearly	\$ 30,680 or Less	\$ 30,681 - \$ 38,350	\$ 38,351 - \$ 46,020	\$ 46,021 \$ 61,360	\$ 61,361 or more
6	Monthly	\$ 2,930 or Less	\$ 2,931 - \$ 3,663	\$ 3,664 - \$ 4,395	\$ 4,396 \$ 5,860	\$ 5,861 or more
	Yearly	\$ 35,160 or Less	\$ 35,161 - \$ 43,950	\$ 43,951 - \$ 52,740	\$ 52,741 \$ 70,320	\$ 70,321 or more
7	Monthly	\$ 3,303 or Less	\$ 3,304 - \$ 4,129	\$ 4,130 - \$ 4,955	\$ 4,956 \$ 6,607	\$ 6,608 or more
	Yearly	\$ 39,640 or Less	\$ 39,641 - \$ 49,550	\$ 49,551 - \$ 59,460	\$ 59,461 \$ 79,280	\$ 79,281 or more
8	Monthly	\$ 3,677 or Less	\$ 3,678 - \$ 4,596	\$ 4,597 - \$ 5,515	\$ 5,516 \$ 7,353	\$ 7,354 or more
	Yearly	\$ 44,120 or Less	\$ 44,121 - \$ 55,150	\$ 55,151 - \$ 66,180	\$ 66,181 \$ 88,240	\$ 88,241 or more
add per additional member	Monthly	\$373	\$467	\$560	\$747	N/A
	Yearly	\$4,480	\$5,600	\$6,720	\$8,960	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 and	\$200	\$300	\$400	\$500	Full
Partial Dentures and	\$400	\$600	\$800	\$1,000	Full
Dentures (full)	\$800	\$1,200	\$1,600	\$2,000	Full

BASED ON 2020 DHHS POVERTY GUIDELINES PUBLISHED SOURCE: Federal Register, January 17, 2020

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