

# Healthways/Regional Medical Center at Lubec Sliding Fee Program

**February 1st, 2021**

APPROVED BY THE RMCL BOARD OF DIRECTORS:

2021.01.27

**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	\$ 1,073 or Less	\$ 1,074 - \$ 1,342	\$ 1,343 - \$ 1,610	\$ 1,611 \$ 2,147	\$ 2,148 or more
	Yearly	\$ 12,880 or Less	\$ 12,881 - \$ 16,100	\$ 16,101 - \$ 19,320	\$ 19,321 \$ 25,760	\$ 25,761 or more
2	Monthly	\$ 1,452 or Less	\$ 1,453 - \$ 1,815	\$ 1,816 - \$ 2,178	\$ 2,179 \$ 2,903	\$ 2,904 or more
	Yearly	\$ 17,420 or Less	\$ 17,421 - \$ 21,775	\$ 21,776 - \$ 26,130	\$ 26,131 \$ 34,840	\$ 34,841 or more
3	Monthly	\$ 1,830 or Less	\$ 1,831 - \$ 2,288	\$ 2,289 - \$ 2,745	\$ 2,746 \$ 3,660	\$ 3,661 or more
	Yearly	\$ 21,960 or Less	\$ 21,961 - \$ 27,450	\$ 27,451 - \$ 32,940	\$ 32,941 \$ 43,920	\$ 43,921 or more
4	Monthly	\$ 2,208 or Less	\$ 2,209 - \$ 2,760	\$ 2,761 - \$ 3,313	\$ 3,314 \$ 4,417	\$ 4,418 or more
	Yearly	\$ 26,500 or Less	\$ 26,501 - \$ 33,125	\$ 33,126 - \$ 39,750	\$ 39,751 \$ 53,000	\$ 53,001 or more
5	Monthly	\$ 2,587 or Less	\$ 2,588 - \$ 3,233	\$ 3,234 - \$ 3,880	\$ 3,881 \$ 5,173	\$ 5,174 or more
	Yearly	\$ 31,040 or Less	\$ 31,041 - \$ 38,800	\$ 38,801 - \$ 46,560	\$ 46,561 \$ 62,080	\$ 62,081 or more
6	Monthly	\$ 2,965 or Less	\$ 2,966 - \$ 3,706	\$ 3,707 - \$ 4,448	\$ 4,449 \$ 5,930	\$ 5,931 or more
	Yearly	\$ 35,580 or Less	\$ 35,581 - \$ 44,475	\$ 44,476 - \$ 53,370	\$ 53,371 \$ 71,160	\$ 71,161 or more
7	Monthly	\$ 3,343 or Less	\$ 3,344 - \$ 4,179	\$ 4,180 - \$ 5,015	\$ 5,016 \$ 6,687	\$ 6,688 or more
	Yearly	\$ 40,120 or Less	\$ 40,121 - \$ 50,150	\$ 50,151 - \$ 60,180	\$ 60,181 \$ 80,240	\$ 80,241 or more
8	Monthly	\$ 3,722 or Less	\$ 3,723 - \$ 4,652	\$ 4,653 - \$ 5,583	\$ 5,584 \$ 7,443	\$ 7,444 or more
	Yearly	\$ 44,660 or Less	\$ 44,661 - \$ 55,825	\$ 55,826 - \$ 66,990	\$ 66,991 \$ 89,320	\$ 89,321 or more
add per additional member	Monthly	\$378	\$473	\$568	\$757	N/A
	Yearly	\$4,540	\$5,675	\$6,810	\$9,080	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 2021 DHHS POVERTY GUIDELINES PUBLISHED SOURCE: Federal Register, January 18, 2021

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