

Attachment 10 - Sliding Fee Discount Schedule

|                                 |  |
|---------------------------------|--|
| <b>West Cecil Health Center</b> | <b>Medical and Behavioral Health Sliding Fee Scale</b>                   |
| <b>2021</b>                     | <b>(Based on Federal Register 01/13/2021- Poverty Income Guidelines)</b> |

| Family Size                            | Income Measure | Category 1     | Category 2                                | Category 3                                | Category 4                                | Category 5                                |
|--|----------------|----------------|---|---|---|---|
| % of Federal Poverty Income Guidelines |                | Up to 100%     | 100.01% to 125%                           | 125.1% to 150%                            | 150.1% to 175%                            | 175.1% to 200%                            |
| % of fee paid                          |                | Nominal Fee    | Greater of Nominal Fee or 20% of fee paid | Greater of Nominal Fee or 30% of fee paid | Greater of Nominal Fee or 40% of fee paid | Greater of Nominal Fee or 50% of fee paid |
| 1                                      | Annual         | \$0 - \$12,880 | \$12,881 - \$16,100                       | \$16,101 - \$19,320                       | \$19,321 - \$22,540                       | \$22,541 - \$25,760                       |
| 2                                      | Annual         | \$0 - \$17,420 | \$17,421 - \$21,775                       | \$21,776 - \$26,130                       | \$26,131 - \$30,485                       | \$30,486 - \$34,840                       |
| 3                                      | Annual         | \$0 - \$21,960 | \$21,961 - \$27,450                       | \$27,451 - \$32,940                       | \$32,941 - \$38,430                       | \$38,431 - \$43,920                       |
| 4                                      | Annual         | \$0 - \$26,500 | \$26,501 - \$33,125                       | \$33,126 - \$39,750                       | \$39,751 - \$46,375                       | \$46,376 - \$53,000                       |
| 5                                      | Annual         | \$0 - \$31,040 | \$31,041 - \$38,800                       | \$38,801 - \$46,560                       | \$46,561 - \$54,320                       | \$54,321 - \$62,080                       |
| 6                                      | Annual         | \$0 - \$35,580 | \$35,581 - \$44,475                       | \$44,476 - \$53,370                       | \$53,371 - \$62,265                       | \$62,266 - \$71,160                       |
| 7                                      | Annual         | \$0 - \$40,120 | \$40,121 - \$50,150                       | \$50,151 - \$60,180                       | \$60,181 - \$70,210                       | \$70,211 - \$80,240                       |
| 8                                      | Annual         | \$0 - \$44,660 | \$44,661 - \$55,825                       | \$55,826 - \$66,990                       | \$66,991 - \$78,155                       | \$78,156 - \$89,320                       |
| *Each additional family member Annual  |                | \$4,540        | \$5,675                                   | \$6,810                                   | \$7,945                                   | \$9,080                                   |
| <b>Primary Care Nominal Fee</b>        |                | <b>\$20</b>    |   |   |   |   |
| <b>Behavioral Health Nominal Fee</b>   |                | <b>\$20</b>    |   |   |   |   |
| <b>GYN Nominal Fee</b>                 |                | <b>\$20</b>    |   |   |   |   |

**Exclusions:** To reduce barriers to care and improve the health outcomes for our patients, WCHC has elected to acquire, purchase, and facilitate access to select supplies and equipment through a third party vendor. The charges for these supplies and equipment are set to cover reasonable costs and are excluded from the sliding fee scale outlined above for those patients that are eligible for Category 1. Examples include but are not limited to implantable contraceptive devices.

Updated 1/20/2021