

MOUNTAIN COMPREHENSIVE HEALTH CORPORATION

**SLIDING SCALE SCHEDULE OF FAMILY INCOME AND PERCENT OF CHARGE PAYABLE
(BASED ON 2019 HHS POVERTY GUIDELINES)**

**FEDERAL GUIDELINES EFFECTIVE FEBRUARY 1, 2019
MEDICAL/OPTOMETRY/BEHAVIORAL SLIDING SCALE ONLY**

LEVEL	100% and below	101% - 125%	126% - 150%	151% - 200%	200% and above
CHARGE	\$25.00 nominal	\$35.00	\$50.00	\$75.00	100% of Charges
FAMILY INCOME					
SIZE	UP TO	UP TO	UP TO	UP TO	OVER
1	12,490	15,613	18,735	24,980	24,980
2	16,910	21,138	25,365	33,820	33,820
3	21,330	26,663	31,995	42,660	42,660
4	25,750	32,188	38,625	51,500	51,500
5	30,170	37,713	45,255	60,340	60,340
6	34,590	43,238	51,885	69,180	69,180
7	39,010	48,763	58,515	78,020	78,020
8	43,430	54,288	65,145	86,860	86,860
9	47,850	59,813	71,775	95,700	95,700
10	52,270	65,338	78,405	104,540	104,540

FOR FAMILY UNITS OF MORE THAN 10 MEMBERS, ADD \$4,420 FOR EACH ADDITIONAL MEMBER.

PLEASE NOTE:

1. SLIDING SCALE DEPENDS SOLELY ON FAMILY SIZE AND INCOME.
2. THE NOMINAL CHARGE MUST BE COLLECTED AT THE TIME SERVICES ARE RENDERED.
3. THE SLIDING SCALE APPLIES ONLY AFTER THIRD PARTY INSURANCE CARRIERS (i.e. Medicare, Medicaid, etc.) HAVE PAID THEIR SHARE AND FOR SERVICES NOT COVERED BY INSURANCE.

* subject to carveouts on certain procedures