

GREENE COUNTY HEALTH CARE, INC.

**ATTACHMENT A
SLIDING FEE INCOME CLASSES
BASED ON ANNUAL FAMILY INCOME**

Medical	\$30		25% of Charges		50% of Charges		75% of Charges		Charges	
Behavioral Hlth Nominal Fee	30 Min 60 Min	\$10 \$10	30 Min 60 Min	\$18 \$30	30 Min 60 Min	\$36 \$60	30 Min 60 Min	\$54 \$90	30 Min 60 Min	\$ 72 \$120
HOUSEHOLD UNIT SIZE	A		B		C		D		E	
	< or =100% poverty		>100%-150% poverty		>150-175% poverty		>175%-200% poverty		>200% poverty	
1	0 - 12,760		12,761 - 19,140		19,141 - 22,330		22,331 - 25,520		> 25,520	
2	0 - 17,240		17,241 - 25,860		25,861 - 30,170		30,171 - 34,480		> 34,480	
3	0 - 21,720		21,721 - 32,580		32,581 - 38,010		38,011 - 43,440		> 43,440	
4	0 - 26,200		26,201 - 39,300		39,301 - 45,850		45,851 - 52,400		> 52,400	
5	0 - 30,680		30,681 - 46,020		46,021 - 53,690		53,691 - 61,360		> 61,360	
6	0 - 35,160		35,161 - 52,740		52,741 - 61,530		61,531 - 70,320		> 70,320	
7	0 - 39,640		39,641 - 59,460		59,461 - 69,370		69,371 - 79,280		> 79,280	
8	0 - 44,120		44,121 - 66,180		66,181 - 77,210		77,211 - 88,240		> 88,240	

NOTE: For family units with more than eight (8) members add \$4,480 for each additional member.

Based on HHS Guidelines Published 1/17/20 [Federal Register](#)

Family size is defined as a group of individuals, related or unrelated, living together or separately, that are supported by the same set of income resources. Patients must list each individual and the amount of gross income they contribute to the family income.

Patients should not include in family size individuals living in the household who have their own income and are not dependent on the income of the individuals listed on the sliding fee application.

Patients in temporary living conditions (i.e. migrant workers, individuals in shelters, and families doubling up) should follow the same family size definition above and not include other individuals living in the unit unless they are dependent on the same income.

College students should be included in the "family size" with the individuals on whose income they are dependent.

Gross income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income (SSI), public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. For individuals providing a tax return as proof of income, gross income is defined as "adjusted gross income" on line 37 Form 1040, line 21 Form 1040A or line 4 on form 1040EZ. Noncash benefits (such as SNAP and housing subsidies) do not count.

A patient may have Medicare, Medicaid or private insurance and still qualify for the SFDP. The patient is required to fill out a sliding fee application, and provide proof of income for everyone in the family as defined above. The maximum charge for an insured patient who is eligible for the SFDP will be the maximum amount an eligible patient in that pay class is required to pay for that certain service, subject to GCHC's legal and contractual limitations. Sliding fee discounts will be applied to copays and deductibles for qualified insured patients as allowed by any contractual arrangements with their insurance carrier.