

**ISLAND HEALTH CARE CHC 2020 SLIDING FEE SCALE AND HEALTH SAFETY NET (HSN) DEDUCTIBLE**

ISLAND HEALTH CARE Per Visit Sliding Fee:	At or <100% Fed Pov Level Sliding Nominal Fee: \$5.00	<125% Fed Pov Level Sliding Fee Adjustment: \$10.00	<150% Fed Pov Level Sliding Fee Adjustment: \$10.00	<175% Fed Pov Level Sliding Fee Adjustment: \$15.00	<200% Fed Pov Level Sliding Fee Adjustment: \$20.00	Partial HSN <300% Fed Pov Level Sliding Fee Adjustment: Unavailable
and HSN Deductible Applies	Full HSN/No Deductible	Full HSN/No Deductible	Full HSN/No Deductible	Partial HSN/Deductible Applies	Partial HSN/Deductible Applies	Partial HSN/Deductible Applies. HSN Co-pay \$26.00 until deductible is 0-
FAMILY SIZE	ANNUAL FAMILY INCOME	ANNUAL FAMILY INCOME	ANNUAL FAMILY INCOME	ANNUAL FAMILY INCOME	ANNUAL FAMILY INCOME	ANNUAL FAMILY INCOME
1	\$12,760.00	\$15,950.00	\$19,140.00	\$22,330.00	\$25,520.00	\$38,280.00
2	\$17,240.00	\$21,550.00	\$25,860.00	\$30,170.00	\$34,480.00	\$51,720.00
3	\$21,720.00	\$27,150.00	\$32,580.00	\$38,010.00	\$43,440.00	\$65,160.00
4	\$26,200.00	\$32,750.00	\$39,300.00	\$45,850.00	\$52,400.00	\$78,600.00
5	\$30,680.00	\$38,350.00	\$46,020.00	\$53,690.00	\$61,360.00	\$92,040.00
6	\$35,160.00	\$43,950.00	\$52,740.00	\$61,530.00	\$70,320.00	\$105,480.00
7	\$39,640.00	\$49,550.00	\$59,460.00	\$69,370.00	\$79,280.00	\$118,920.00
8	\$44,120.00	\$55,150.00	\$66,180.00	\$77,210.00	\$88,240.00	\$132,360.00
For each additional person in a family/household, add	\$4,480.00	\$5,600.00	\$6,720.00	\$7,840.00	\$8,960.00	\$13,440.00

**SLIDING FEE SCALES** ARE REQUIRED BY THE FEDERAL SECTION 330 GRANT PROGRAM TO ALLOW FOR DISCOUNTS TO PATIENTS WITH INCOME BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL). Patients paying a sliding fee must attest to their family income at time of registration and follow up with required documentation with IHC's on-site financial counselor or the Vineyard Health Access Program within 14 days or by the time of their next visit.

**THE MASSACHUSETTS HEALTH SAFETY NET PROGRAM** DOES NOT REQUIRE DEDUCTIBLE PAYMENTS FROM ELIGIBLE AND ENROLLED PATIENTS BELOW 150% FPL

Upon patient request, IHC Financial Counselors (on site or through the Vineyard Health Care Access Program) can assess preliminary coverage eligibility for MassHealth, Health Safety Net, Commonwealth Care and other coverage that utilizes income documentation, current FPL guidelines, and review of program eligibility.

Financial Counselors/Patient Registration Staff identify sliding fees based upon coverage status and patient income attestation.

Income-eligible patients who have private, third party insurance with a deductible or copay for primary care visits **which is greater than the sliding fee, will only be charged the sliding fee.**

**Patients will pay the sliding fee pending final approval for MassHealth, Commonwealth Care, HSN or other assistance programs.**

Payments for visits retroactively approved for coverage will be refunded.

<b>Size of family unit</b>	<b>100 Percent of FPL</b>	<b>110 Percent of FPL</b>	<b>125 Percent of FPL</b>	<b>150 Percent of FPL</b>	<b>175 Percent of FPL</b>	<b>185 Percent of FPL</b>	<b>200 Percent of FPL</b>
1	\$12,760	\$14,036	\$15,950	\$19,140	\$22,330	\$23,606	\$25,520
2	\$17,240	\$18,964	\$21,550	\$25,860	\$30,170	\$31,894	\$34,480
3	\$21,720	\$23,892	\$27,150	\$32,580	\$38,010	\$40,182	\$43,440
4	\$26,200	\$28,820	\$32,750	\$39,300	\$45,850	\$48,470	\$52,400
5	\$30,680	\$33,748	\$38,350	\$46,020	\$53,690	\$56,758	\$61,360
6	\$35,160	\$38,676	\$43,950	\$52,740	\$61,530	\$65,046	\$70,320
7	\$39,640	\$43,604	\$49,550	\$59,460	\$69,370	\$73,334	\$79,280
8	\$44,120	\$48,532	\$55,150	\$66,180	\$77,210	\$81,622	\$88,240

**2020 Federal Poverty Guideline Calculations**