

ATTACHMENT "A"

FEDERAL POVERTY INCOME GUIDELINES

CARSON VALLEY HEALTH'S ELIGIBILITY DETERMINATION FOR COMMUNITY CARE ASSISTANCE.

Eligibility Guide for 2024: Using household income and size as calculated in the financial screening process identify eligibility for financial discount. Family Size Period Federal Poverty Guidelines (100%): Based on patient's income, they will be assessed a fee and receive a partial write-off.

Household Size	2024 Yearly Income	0 - 200%	201% - 225%	226% - 250%	251% - 275%	276% - 300%	301% - 350%
1	\$15,060	\$30,120	\$33,885	\$37,650	\$41,415	\$45,180	\$52,710
2	\$20,440	\$40,880	\$45,990	\$51,100	\$56,210	\$61,320	\$71,540
3	\$25,820	\$51,640	\$58,095	\$64,550	\$71,005	\$77,460	\$90,370
4	\$31,200	\$62,400	\$70,200	\$78,000	\$85,800	\$93,600	\$109,200
5	\$36,580	\$73,160	\$82,305	\$91,450	\$100,595	\$109,740	\$128,030
6	\$41,960	\$83,920	\$94,410	\$104,900	\$115,390	\$125,880	\$146,860
7	\$47,340	\$94,680	\$106,515	\$118,350	\$130,185	\$142,020	\$165,690
8	\$52,720	\$105,440	\$118,620	\$131,800	\$144,980	\$158,160	\$184,520
Add for each additional person	\$5,380	\$10,760	\$12,105	\$13,450	\$14,795	\$16,140	\$18,830
Patient Pays per account							
For account charges < \$500		The lessor of charges or \$10.00	The lessor of charges or \$25.00	The lessor of charges or \$50.00	The greater of 20% of charges or \$200.00	The greater of 20% of charges or \$350.00	The greater of 25% of charges or \$500.00
For account charges >\$500 and < \$2000		\$ 10.00	\$ 25.00	\$50.00	The lower of 10% of charges or \$200.00	The lower of 15% of charges or \$350.00	The lower of 20% of charges or \$500.00
For account charges > \$2000		\$ 10.00	\$ 25.00	\$50.00	The lower of 10% of charges or \$250.00	The lower of 15% of charges or \$450.00	The lower of 20% of charges or \$3,500.00

For each additional person add \$5,380 for annual income or \$ 448.33 monthly.