

# EXHIBIT 1—Springfield Memorial Hospital Schedule of Income Guidelines

## AS OF APRIL 2023

Based on Gross Family Income as published by the Department of Health and Human Services (https://aspe.hhs.gov/poverty-guidelines)

#### PART I

Automatic discount applied to gross charges before the first statement for all uninsured—74%

#### PART II

Cooperation based uninsured discount if below 300% of the Federal Poverty Guidelines

Family Size	Federal Rate as of 01/16/23	300% of Federal Rate	301% +
1	\$14,580	\$43,740	
2	\$19,720	\$59,160	
3	\$24,860	\$74,580	
4	\$30,000	\$90,000	
5	\$35,140	\$105,420	
6	\$40,280	\$120,840	
7	\$45,420	\$136,260	
8	\$50,560	\$151,680	
For each additional person	\$5,140	\$15,420	
Patient Discount on Gross Charges		26%	0%
Automatic Uninsured Discount		<b>74</b> %	<b>74</b> %
Total Uninsured Discount		100%	<b>74</b> %

### **Gross Family Income as a percent of Federal Poverty Guidelines**

#### **PART III:** Maximum Patient Out-of-Pocket Responsibility

After application of Parts I and II, the maximum amount that may be collected from an uninsured patient who has qualified for financial assistance in a 12-month period is 20% of the patient's family income.

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