

# 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

#### Gross Family Income as a percent of 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	
<b>Patient Discount on Gross Charges</b>		<b>26%</b>	<b>0%</b>
<b>Automatic Uninsured Discount</b>		<b>74%</b>	<b>74%</b>
<b>Total Uninsured Discount</b>		<b>100%</b>	<b>74%</b>

### 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.