

## EXHIBIT 1 — Springfield Memorial Hospital

# Schedule of Income Guidelines

AS OF JANUARY 2022

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—73%

### 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 1/13/21	300% of Federal Rate	301% +
1	\$12,880	\$38,640	
2	\$17,420	\$52,260	
3	\$21,960	\$65,880	
4	\$26,500	\$79,500	
5	\$31,040	\$93,120	
6	\$35,580	\$106,740	
7	\$40,120	\$120,360	
8	\$44,660	\$133,980	
For each additional person	\$4,540	\$13,620	
<b>Patient Discount on Gross Charges</b>		<b>27%</b>	<b>0%</b>
<b>Automatic Uninsured Discount</b>		<b>73%</b>	<b>73%</b>
<b>Total Uninsured Discount</b>		<b>100%</b>	<b>73%</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.