

EXHIBIT 1

Schedule of Income Guidelines

AS OF APRIL 2024

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. The table below includes the Self Pay discount by hospital. The discount varies by hospital since the discounts are determined based on each hospital's cost and charges.

Hospital	Self-Pay Discount
Decatur Memorial Hospital	75%
Jacksonville Memorial Hospital	70%
Lincoln Memorial Hospital	70%
Springfield Memorial Hospital	75%
Taylorville Memorial Hospital	70%

PART II

Cooperation-based financial assistance write-off of 100% of the balance if below 300% of the Federal Poverty Guidelines

Gross Family Income as a percent of Federal Poverty Guidelines

Family Size	Federal Rate as of 1/12/24	300% of Federal Rate
1	\$15,060	\$45,180
2	\$20,440	\$61,320
3	\$25,820	\$77,460
4	\$31,200	\$93,600
5	\$36,580	\$109,740
6	\$41,960	\$125,880
7	\$47,340	\$142,020
8	\$52,720	\$158,160
For each additional person	\$5,380	\$16,140

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 applied and qualified for financial assistance in a 12-month period is 20% of the patient's family income. This also applies to uninsured patients whose income is above 300% of the Federal Rate.