

**Exhibit 1 – Abraham Lincoln Memorial Hospital,
Passavant Area Hospital, Taylorville Memorial Hospital**

Schedule of Income Guidelines and Discounts

**As of April 2021
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 Before First Statement for all Uninsured 70%

Part II Cooperation Based Uninsured Discount

Gross Family Income as a percent of Federal Poverty Guidelines

Family Size	Federal Rate as of 1/31/21	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	
Patient Discount on Gross Charges		30%	0%
Automatic Uninsured Discount		70%	70%
Total Uninsured Discount		100%	70%

Part III Maximum Patient Out-of-Pocket Responsibility

After application of Parts I and II, the maximum amount that may be collected in a 12-month period for healthcare services is 25% of the patient's family income.

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