## TREASURE COAST COMMUNITY HEALTH, INC. SLIDING SCALE DISCOUNT INCOME/FAMILY SIZE CHART ANNUAL INCOMES | EFFECTIVE February 1, 2024

								Priority
PAY CATEGORY	А	В	С	D	E	FULL	Presumptive	Medicaid
FAMILY	Discount Varies with Service Line					PAY	Medicaid	Target
SIZE	Minimum					100%	Eligibilty	Group
1	15,060	15,061	18,826	22,591	26,356	>30,120	<27,861	<20,030
L	15,000	18,825	22,590	26,355	30,120	>30,120	<27,801	~20,030
2	20,440	20,441	25,551	30,661	35,771	>40,880	<37,814	<27,185
		25,550	30,660	35,770	40,880			
3	25,820	25,821	32,276	38,731	45,186	>51,640	<47,767	<34,341
		32,275	38,730	45,185	51,640			
4	31,200	31,201	39,001	46,801	54,601	>62,400	<57,720	<41,496
•	31,200	39,000	46,800	54,600	62,400	, 02, 100	(37)720	.11,150
5	36,580	36,581	45,726	54,871	64,016	>73,160	<67,673	<48,651
	30,300	45,725	54,870	64,015	73,160	/ 3,100		<b>\+0,031</b>
6	41,960	41,961	52,451	62,941	73,431	>83,920	<77,626	<55,807
•	12,500	52,450	62,940	73,430	83,920	. 00)020		
7	47,340	47,341	59,176	71,011	82,846	>94,680	<87,579	<62,962
/	47,540	59,175	71,010	82,845	94,680	- 54,000		.02,302
8	52,720	52,721	65,901	79,081	92,261	>105,440	<97,532	<70,118
		65,900	79,080	92,260	105,440			
						More		
	100% &					Than	Less than	Less than
Percent of Poverty	Below	101-125%	126-150%	151-175%	176-200%	200%	185%	133%
	А	В	С	D	Е	FULL		

The Current Nominal Payment is \$5.00

For Families over 8 member, add\_\_\_\_\$5,380\_\_\_\_\_ for each additional family member at 100% of Poverty Presumptive Eligibility: For families over 10 members, add \_\_\_\_\$9,953\_\_\_\_ for each additional member Target Group: For family size with over 10 members, add \_\_\_\_\$7,155\_\_\_\_ for each additional member.