

Unity Health Care Inc
 2023 Sliding Fee Schedule
 Based on 2023 Federal Poverty Level Guidelines
 Effective 03/01/2023
 Federal Register Publication Date: January 19, 2023

FAMILY SIZE	A Poverty Level 0 to 100%		B Poverty Level 101 to 125%		C Poverty Level 126 to 150%		D Poverty Level 151 to 175%		E Poverty Level 176 to 200%	
	Nominal Charge	\$10.00	Discounted Fee \$20.00		Discounted Fee \$30.00		Discounted Fee \$40.00		Discounted Fee \$ 50.00	
1	0	14,580	14,581	18,225	18,226	21,870	21,871	25,515	25,516	29,160
2	0	19,720	19,721	24,650	24,651	29,580	29,581	34,510	34,511	39,440
3	0	24,860	24,861	31,075	31,076	37,290	37,291	43,505	43,506	49,720
4	0	30,000	30,001	37,500	37,501	45,000	45,001	52,500	52,501	60,000
5	0	35,140	35,141	43,925	43,926	52,710	52,711	61,495	61,496	70,280
6	0	40,280	40,281	50,350	50,351	60,420	60,421	70,490	70,491	80,560
7	0	45,420	45,421	56,775	56,776	68,130	68,131	79,485	79,486	90,840
8	0	50,560	50,561	63,200	63,201	75,840	75,841	88,480	88,481	101,120
9	0	55,700	55,701	69,625	69,626	83,550	83,551	97,475	97,476	111,400
10	0	60,840	60,841	76,050	76,051	91,260	91,261	106,470	106,471	121,680
for each additional person, add		\$5,140.00		\$6,425.00		\$7,710.00		\$8,995.00		\$10,280.00

Board Approval: 2/22/2023

Unity Health Care Inc
 Title X Sliding Fee Schedule
 Based on 2023 Federal Poverty Level Guidelines
 Effective 03/01/2023
 Federal Register Publication Date: January 19, 2023

FAMILY SIZE	A Poverty Level 0 to 100%		B Poverty Level 101 to 125%		C Poverty Level 126 to 150%		D Poverty Level 151 to 175%		E Poverty Level 176 to 200%		F Poverty Level 176 to 250%	
	Nominal Charge	\$00.00	Discounted Fee	\$10.00	Discounted Fee	\$20.00	Discounted Fee	\$30.00	Discounted Fee	\$40.00	Discounted Fee	\$ 50.00
1	0	14,580	14,581	18,225	18,226	21,870	21,871	25,515	25,516	29,160	29,161	36,450
2	0	19,720	19,721	24,650	24,651	29,580	29,581	34,510	34,511	39,440	39,441	49,300
3	0	24,860	24,861	31,075	31,076	37,290	37,291	43,505	43,506	49,720	49,721	62,150
4	0	30,000	30,001	37,500	37,501	45,000	45,001	52,500	52,501	60,000	60,001	75,000
5	0	35,140	35,141	43,925	43,926	52,710	52,711	61,495	61,496	70,280	70,281	87,850
6	0	40,280	40,281	50,350	50,351	60,420	60,421	70,490	70,491	80,560	80,561	100,700
7	0	45,420	45,421	56,775	56,776	68,130	68,131	79,485	79,486	90,840	90,841	113,550
8	0	50,560	50,561	63,200	63,201	75,840	75,841	88,480	88,481	101,120	101,121	126,400
9	0	55,700	55,701	69,625	69,626	83,550	83,551	97,475	97,476	111,400	111,401	139,250
10	0	60,840	60,841	76,050	76,051	91,260	91,261	106,470	106,471	121,680	121,681	152,100
for each additional person, add		\$5,140.00		\$6,425.00		\$7,710.00		\$8,995.00		\$10,280.00		\$12,850.00

Board Approval: 2/22/2023