

**UNITY HEALTH CARE, INC.
2018 SLIDING FEE SCHEDULE**

Income Level	Number of People in Family										Discount Rate On Charges
	1	2	3	4	5	6	7	8	9	10	
	Less Than 100% FPL	\$ 12,140	\$ 16,460	\$ 20,780	\$ 25,100	\$ 29,420	\$ 33,740	\$ 38,060	\$ 42,380	\$ 46,700	
Less Than 125% FPL	\$ 15,175	\$ 20,575	\$ 25,975	\$ 31,375	\$ 36,775	\$ 42,175	\$ 47,575	\$ 52,975	\$ 58,375	\$ 63,775	95%
Less Than 150% FPL	\$ 18,210	\$ 24,690	\$ 31,170	\$ 37,650	\$ 44,130	\$ 50,610	\$ 57,090	\$ 63,570	\$ 70,050	\$ 76,530	85%
Less Than 175% FPL	\$ 21,245	\$ 28,805	\$ 36,365	\$ 43,925	\$ 51,485	\$ 59,045	\$ 66,605	\$ 74,165	\$ 81,725	\$ 89,285	75%
Less Than 200% FPL	\$ 24,280	\$ 32,920	\$ 41,560	\$ 50,200	\$ 58,840	\$ 67,480	\$ 76,120	\$ 84,760	\$ 93,400	\$ 102,040	65%

<u>Examples:</u>					
Service	Amount of Charge	Family Size	Family Income	Discount	Amount of Patient Pay
Brief Visit-Exist. Patient	\$119.74	4	\$32,000	85%	\$17.96
Interm. Visit-New Patient	\$203.28	6	\$25,000	100%	\$0.00
Extended Visit-New Patient	\$295.17	1	\$13,000	95%	\$14.76
Nurse Visit	\$71.49	3	\$40,000	65%	\$25.02

UNITY HEALTH CARE, INC.
2018 SLIDING FEE SCHEDULE (Family Planning Services Only)

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	1	2	3	4	5	6	7	8	9	10	
	Less Than 100 % FPL	\$ 12,140	\$ 16,460	\$ 20,780	\$ 25,100	\$ 29,420	\$ 33,740	\$ 38,060	\$ 42,380	\$ 46,700	
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Less Than 175% FPL	\$ 21,245	\$ 28,805	\$ 36,365	\$ 43,925	\$ 51,485	\$ 59,045	\$ 66,605	\$ 74,165	\$ 81,725	\$ 89,285	75%
Less Than 200% FPL	\$ 24,280	\$ 32,920	\$ 41,560	\$ 50,200	\$ 58,840	\$ 67,480	\$ 76,120	\$ 84,760	\$ 93,400	\$ 102,040	65%
Less Than 225% FPL	\$ 27,315	\$ 37,035	\$ 46,755	\$ 56,475	\$ 66,195	\$ 75,915	\$ 85,635	\$ 95,355	\$ 105,075	\$ 114,795	55%
Less Than 250% FPL	\$ 34,144	\$ 46,294	\$ 58,444	\$ 70,594	\$ 82,744	\$ 94,894	\$ 107,044	\$ 119,194	\$ 131,344	\$ 143,494	45%

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