

**UNITY HEALTH CARE, INC.
2021 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	\$ 12,880	\$ 17,420	\$ 21,960	\$ 26,500	\$ 31,040	\$ 35,580	\$ 40,120	\$ 44,660	\$ 49,200	
Less Than 125% FPL	\$ 16,100	\$ 21,775	\$ 27,450	\$ 33,125	\$ 38,800	\$ 44,475	\$ 50,150	\$ 55,825	\$ 61,500	\$ 67,175	95%
Less Than 150% FPL	\$ 19,320	\$ 26,130	\$ 32,940	\$ 39,750	\$ 46,560	\$ 53,370	\$ 60,180	\$ 66,990	\$ 73,800	\$ 80,610	85%
Less Than 175% FPL	\$ 22,540	\$ 30,485	\$ 38,430	\$ 46,375	\$ 54,320	\$ 62,265	\$ 70,210	\$ 78,155	\$ 86,100	\$ 94,045	75%
Less Than 200% FPL	\$ 25,760	\$ 34,840	\$ 43,920	\$ 53,000	\$ 62,080	\$ 71,160	\$ 80,240	\$ 89,320	\$ 98,400	\$ 107,480	65%

Examples:					
Service	Amount of Charge	Family Size	Family Income	Discount	Amount of Patient Pay
Brief Visit-Exist. Patient	\$130.00	4	\$32,000	95%	\$6.50
Interm. Visit-New Patient	\$223.00	6	\$25,000	100%	\$0.00
Extended Visit-New Patient	\$318.00	1	\$13,000	95%	\$15.90
Nurse Visit	\$61.00	3	\$40,000	65%	\$21.35

UNITY HEALTH CARE, INC.
2021 SLIDING FEE SCHEDULE (Family Planning Services Only)

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	\$ 12,880	\$ 17,420	\$ 21,960	\$ 26,500	\$ 31,040	\$ 35,580	\$ 40,120	\$ 44,660	\$ 49,200	
Less Than 125% FPL	\$ 16,100	\$ 21,775	\$ 27,450	\$ 33,125	\$ 38,800	\$ 44,475	\$ 50,150	\$ 55,825	\$ 61,500	\$ 67,175	95%
Less Than 150% FPL	\$ 19,320	\$ 26,130	\$ 32,940	\$ 39,750	\$ 46,560	\$ 53,370	\$ 60,180	\$ 66,990	\$ 73,800	\$ 80,610	85%
Less Than 175% FPL	\$ 22,540	\$ 30,485	\$ 38,430	\$ 46,375	\$ 54,320	\$ 62,265	\$ 70,210	\$ 78,155	\$ 86,100	\$ 94,045	75%
Less Than 200% FPL	\$ 25,760	\$ 34,840	\$ 43,920	\$ 53,000	\$ 62,080	\$ 71,160	\$ 80,240	\$ 89,320	\$ 98,400	\$ 107,480	65%
Less Than 225% FPL	\$ 28,980	\$ 39,195	\$ 49,410	\$ 59,625	\$ 69,840	\$ 80,055	\$ 90,270	\$ 100,485	\$ 110,700	\$ 120,915	55%
Less Than 250% FPL	\$ 32,200	\$ 43,550	\$ 54,900	\$ 66,250	\$ 77,600	\$ 88,950	\$ 100,300	\$ 111,650	\$ 123,000	\$ 134,350	45%

Examples:					
Service	Amount of Charge	Family Size	Family Income	Discount	Amount of Patient Pay
Brief Visit-Exist. Patient	\$130.00	4	\$32,000	95%	\$6.50
Intern. Visit-New Patient	\$223.00	6	\$25,000	100%	\$0.00
Extended Visit-New Patient	\$318.00	1	\$13,000	95%	\$15.90
Nurse Visit	\$61.00	3	\$40,000	65%	\$21.35