

Schedule for Waiver Request

Any family's income that is equal to or less than the National Poverty level will be approved for 100 % waiver of all copays and deductibles. The US Census Bureau Department of Health and Human Services (HHS) determines poverty levels.

2016 HHS Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<i>Persons in Family Unit</i>	<i>Poverty Guideline</i>
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580
7	\$36,730
8	\$40,890

For families that do not meet the above criteria, fees will be based upon their discretionary income. Discretionary income is defined as the difference between the family's total monthly (net) income and total monthly expenses.

Discretionary Income	Discount	Monthly Payment
\$ 0.00 - 250.00	25 %	\$ 25.00
\$251.00 - 300.00	20%	\$ 38.00
\$301.00 - 350.00	15%	\$ 50.00
\$351.00 - 400.00	10%	\$ 63.00
\$401.00 - 450.00	5%	\$ 75.00