Stormont Vail Health

Discounted Financial Assistance Guidelines for the Uninsured Effective with Financial Assistance Determinations on or after January 15, 2020

Persons in Family or Household	2020 HHS Poverty Guidelines (PG)	150	% OF POVERTY LEVEL	151%-400% OF DVERTY LEVEL *
1	\$ 12,760) \$	19,140	\$ 51,040
2	\$ 17,240) \$	25,860	\$ 68,960
3	\$ 21,720) \$	32,580	\$ 86,880
4	\$ 26,200) \$	39,300	\$ 104,800
5	\$ 30,680) \$	46,020	\$ 122,720
6	\$ 35,160) \$	52,740	\$ 140,640
7	\$ 39,640) \$	59,460	\$ 158,560
8	\$ 44,120) \$	66,180	\$ 176,480
each additional person	\$ 4,480) \$	6,720	\$ 17,920
DISCOUNT/WRITE-OFF			100%	66%

Source: https://aspe.hhs.gov/poverty-guidelines

* Discount does not apply to account balances after insurance pays