

# Schedule A

Wellstar MCGHealth

Financial Assistance Eligibility Discount Guidelines

Family Size	Earnings Period	Indigent Care		Charity Care			Asset Limits
		<100%	<200%	<250%	<300%	<400%	
1	Monthly	\$ 1,255.00	\$ 2,510.00	\$ 3,137.50	\$ 3,765.00	\$ 5,020.00	
	Annual	\$15,060.00	\$ 30,120.00	\$ 37,650.00	\$ 45,180.00	\$ 60,240.00	\$2,000.00
2	Monthly	\$ 1,703.33	\$ 3,406.67	\$ 4,258.33	\$ 5,110.00	\$ 6,813.33	
	Annual	\$20,440.00	\$ 40,880.00	\$ 51,100.00	\$ 61,320.00	\$ 81,760.00	\$3,000.00
3	Monthly	\$ 2,151.67	\$ 4,303.33	\$ 5,379.17	\$ 6,455.00	\$ 8,606.67	
	Annual	\$25,820.00	\$ 51,640.00	\$ 64,550.00	\$ 77,460.00	\$103,280.00	\$3,500.00
4	Monthly	\$ 2,600.00	\$ 5,200.00	\$ 6,500.00	\$ 7,800.00	\$ 10,400.00	
	Annual	\$31,200.00	\$ 62,400.00	\$ 78,000.00	\$ 93,600.00	\$124,800.00	\$4,000.00
5	Monthly	\$ 3,048.33	\$ 6,096.67	\$ 7,620.83	\$ 9,145.00	\$ 12,193.33	
	Annual	\$36,580.00	\$ 73,160.00	\$ 91,450.00	\$109,740.00	\$146,320.00	\$4,500.00
6	Monthly	\$ 3,496.67	\$ 6,993.33	\$ 8,741.67	\$ 10,490.00	\$ 13,986.67	
	Annual	\$41,960.00	\$ 83,920.00	\$104,900.00	\$125,880.00	\$167,840.00	\$5,000.00
7	Monthly	\$ 3,945.00	\$ 7,890.00	\$ 9,862.50	\$ 11,835.00	\$ 15,780.00	
	Annual	\$47,340.00	\$ 94,680.00	\$118,350.00	\$142,020.00	\$189,360.00	\$5,500.00
8	Monthly	\$ 4,393.33	\$ 8,786.67	\$ 10,983.33	\$ 13,180.00	\$ 17,573.33	
	Annual	\$52,720.00	\$105,440.00	\$131,800.00	\$158,160.00	\$210,880.00	\$6,000.00
9	Monthly	\$ 4,841.67	\$ 9,683.33	\$ 12,104.17	\$ 14,525.00	\$ 19,366.67	
	Annual	\$58,100.00	\$116,200.00	\$145,250.00	\$174,300.00	\$232,400.00	\$6,500.00
10	Monthly	\$ 5,290.00	\$ 10,580.00	\$ 13,225.00	\$ 15,870.00	\$ 21,160.00	
	Annual	63,480.00	126,960.00	158,700.00	190,440.00	253,920.00	\$7,000.00

Account Balance	AGB Discount Uninsured	Indigent Care 100% discount		Charity Care Discount Schedule (excludes copays)		
		<100%	<200%	<250%	<300%	<400%
	Discount off Gross Charges	Discount after AGB or remaining balance				
\$0-\$5,000	61%	100%	100%	0%	0%	0%
\$5,001- \$10,000	61%	100%	100%	30%	0%	0%
\$10,001- \$25,000	61%	100%	100%	50%	30%	20%
\$25,001- \$50,000	61%	100%	100%	70%	50%	30%
\$50,001- \$75,000	61%	100%	100%	80%	70%	50%
\$75,001- \$100,000	61%	100%	100%	85%	85%	70%
> \$100,000	61%	100%	100%	95%	90%	85%

\*NOTE: Income criteria is based on the Federal Poverty Level Guidelines as published in the Federal Register

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Last updated 1/2024