



**Schedule A**

**The Hospital at Hebrew Senior Care Financial Assistance Table\***

To apply for Financial Assistance, the patient (or family) must complete The Hospital at Hebrew Senior Care Financial Assistance Application, including requested documentation. Federal Poverty Guidelines effective January 25, 2017 are listed below.

<b>SIZE OF FAMILY UNIT</b>	<b>Annual Income at or below, eligible for 100% Free Care</b>	<b>Annual Income within ranges, eligible for Medicare Reimbursement rates</b>
1	\$36,180	\$36,180 - \$48,719
2	\$48,720	\$48,720 - \$61,259
3	\$61,260	\$61,260 - \$73,799
4	\$73,800	\$73,800 - \$86,339
5	\$86,340	\$86,340 - \$98,879
6	\$98,880	\$98,879 - \$111,419
7	\$111,420	\$111,420 - \$123,959
8	\$123,960	\$123,960 - \$161,580
<b>For each additional family member after 8, add</b>	<b>\$4,180</b>	<b>\$37,620</b>

**Examples:**

Family unit of 1 with an annual income of \$30,000 receives 100% free care.

Family Unit of 5 with an annual income of \$82,500 will be responsible for the average Medicare reimbursement rate.

Family unit of 8 with an annual income of \$120,000 will be responsible for the average Medicare reimbursement rate.

- This Table will be adjusted in accordance with annually released changes to the Federal Poverty Guidelines.