



Addendum C Financial Assistance Discounts

Citizens Health Sliding Fee Discount Pay Class											
2020 Federal Poverty Guidelines	At or Below 100%	125.00%	130.00%	138.00%	150.00%	185.00%	200.00%	235.00%	250.00%	300.00%	301.00%
Sliding Fee Discount	100%	100%	100%	80%	80%	80%	80%	60%	60%	60%	No Discount (Issue Prompt Pay 10% discount)
Family of 1	\$12,760.00	\$15,950.00	\$16,588.00	\$17,609.00	\$19,140.00	\$23,606.00	\$25,520.00	\$29,986.00	\$31,900.00	\$38,280.00	>38,281
2	\$17,240.00	\$21,550.00	\$22,412.00	\$23,791.00	\$25,860.00	\$31,894.00	\$34,480.00	\$40,514.00	\$43,100.00	\$51,720.00	>51721
3	\$21,720.00	\$27,150.00	\$28,236.00	\$29,974.00	\$32,580.00	\$40,182.00	\$43,440.00	\$51,042.00	\$54,300.00	\$65,160.00	>65161
4	\$26,200.00	\$32,750.00	\$34,060.00	\$36,156.00	\$39,300.00	\$48,470.00	\$52,400.00	\$61,570.00	\$65,500.00	\$78,600.00	>78601
5	\$30,680.00	\$38,350.00	\$39,884.00	\$42,338.00	\$46,020.00	\$56,758.00	\$61,360.00	\$72,098.00	\$76,700.00	\$92,040.00	>92041
6	\$35,160.00	\$43,950.00	\$45,708.00	\$48,521.00	\$52,740.00	\$65,046.00	\$70,320.00	\$82,626.00	\$87,900.00	\$105,480.00	>105481
7	\$39,640.00	\$49,550.00	\$51,532.00	\$54,703.00	\$59,460.00	\$73,334.00	\$79,280.00	\$93,154.00	\$99,100.00	\$118,920.00	>118921
8	\$44,120.00	\$55,150.00	\$57,356.00	\$60,886.00	\$66,180.00	\$81,622.00	\$88,240.00	\$103,682.00	\$110,300.00	\$132,360.00	>132361
For each additional person, add	\$4,480.00	\$5,600.00	\$5,824.00	\$6,182.00	\$6,720.00	\$8,288.00	\$8,960.00	\$10,528.00	\$11,200.00	\$13,440.00	>13441

Discount applied to gross charges and/or patient responsibility i.e. co-pays, deductibles, co-insurance