

Mount Desert Island Hospital and Health Center
Cost Share Income Guidelines
(based on annual gross income)

Calendar Year 2017

Effective 1/2017- AGB Calculation reviewed (accepted FY 2016 CR)

Revised 1-23-2017-FC

	Patient Pays	Patient Pays	Patient Pays	Patient Pays	Patient Pays
	0%	0%	20%	45%	70%
# in Family	Income less than	Income less than	Income less than	Income less than	Income less than
	FPL	150%	175%	200%	250%
1	\$ 11,880	\$ 17,820	\$ 20,790	\$ 23,760	\$ 29,700
2	\$ 16,020	\$ 24,030	\$ 28,035	\$ 32,040	\$ 40,050
3	\$ 20,160	\$ 30,240	\$ 35,280	\$ 40,320	\$ 50,400
4	\$ 24,300	\$ 36,450	\$ 42,525	\$ 48,600	\$ 60,750
5	\$ 28,440	\$ 42,660	\$ 49,770	\$ 56,880	\$ 71,100
6	\$ 32,580	\$ 48,870	\$ 57,015	\$ 65,160	\$ 81,450
7	\$ 36,730	\$ 55,095	\$ 64,278	\$ 73,460	\$ 91,825
8	\$ 40,890	\$ 61,335	\$ 71,558	\$ 81,780	\$ 102,225

For family units with more than 8 members add \$4,160.00 for each additional member.