

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

Calendar Year 2020

Effective 1/2020- AGB Calculation reviewed

Revised 02/03/2020 ADM

	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	\$ 12,760	\$ 19,140	\$ 22,330	\$ 25,520	\$ 31,900
2	\$ 17,240	\$ 25,860	\$ 30,170	\$ 34,480	\$ 43,100
3	\$ 21,720	\$ 32,580	\$ 38,010	\$ 43,440	\$ 54,300
4	\$ 26,200	\$ 39,300	\$ 45,850	\$ 52,400	\$ 65,500
5	\$ 30,680	\$ 46,020	\$ 53,690	\$ 61,360	\$ 76,700
6	\$ 35,160	\$ 52,740	\$ 61,530	\$ 70,320	\$ 87,900
7	\$ 39,640	\$ 59,460	\$ 69,370	\$ 79,280	\$ 99,100
8	\$ 44,120	\$ 66,180	\$ 77,210	\$ 88,240	\$ 110,300
9	\$ 49,720	\$ 74,580	\$ 87,010	\$ 99,440	\$ 124,300

For family units with more than 9 members add \$5,600.00 for each additional member.