

Exhibit 1
Memorial Health Systems
Schedule of Income Guidelines and Discounts

Based on Gross Family Income as Published by the
Department of Health and Human Services

As of Feb, 2016

<https://aspe.hhs.gov/poverty-guidelines>)

Part I Automatic Discount Applied Before First Statement for all Uninsured 70%

Part II Cooperation Based Uninsured Discount

Gross Family Income as a percent of Federal Poverty Guidelines

Family Size	Federal Rate as of 2/1/16	300% of Federal Rate	301% +
1	\$ 11,880	\$ 35,640	
2	\$ 16,020	\$ 48,060	
3	\$ 20,160	\$ 60,480	
4	\$ 24,300	\$ 72,900	
5	\$ 28,440	\$ 85,320	
6	\$ 32,580	\$ 97,740	
7	\$ 36,730	\$110,190	
8	\$ 40,890	\$122,670	
For each additional person	\$ 4,160	\$ 12,480	
Patient Discount on Gross Charges		30%	0%
Automatic Uninsured Discount		<u>70%</u>	<u>70%</u>
Total Uninsured Discount		100%	70%

Part III Maximum Patient Out of Pocket Responsibility

After application of Parts I and II, the maximum amount that may be collected in a 12-month period for health care services is 25% of the patient's family income.