

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 January 2017

<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	\$ 36,180	
2	\$ 16,020	\$ 48,720	
3	\$ 20,160	\$ 61,260	
4	\$ 24,300	\$ 73,800	
5	\$ 28,440	\$ 86,340	
6	\$ 32,580	\$ 98,880	
7	\$ 36,730	\$111,420	
8	\$ 40,890	\$123,960	
For each additional person	\$ 4,160	\$ 12,540	
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.