

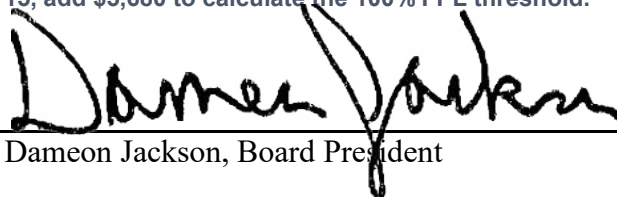
# Southeast Community Health Systems 2026 Sliding Fee Scale

	N/A		50% of charges		65% of Charges		80% of Charges		100% of Charges	
	<=100%		101-138%		139-164%		165<=200%		>200%	
Family Size	Slide A		Slide B		Slide C		Slide D		Slide E	
1	\$ -	\$ 15,960.00	\$ 15,960.01	\$ 22,024.80	\$ 22,024.81	\$ 26,174.40	\$ 26,174.41	\$ 31,920.00	\$ 31,920.01	\$ 999,999.00
2	\$ -	\$ 21,640.00	\$ 21,640.01	\$ 29,863.20	\$ 29,863.21	\$ 35,489.60	\$ 35,489.61	\$ 43,280.00	\$ 43,280.01	\$ 999,999.00
3	\$ -	\$ 27,320.00	\$ 27,320.01	\$ 37,701.60	\$ 37,701.61	\$ 44,804.80	\$ 44,804.81	\$ 54,640.00	\$ 54,640.01	\$ 999,999.00
4	\$ -	\$ 33,000.00	\$ 33,000.01	\$ 45,540.00	\$ 45,540.01	\$ 54,120.00	\$ 54,120.01	\$ 66,000.00	\$ 66,000.01	\$ 999,999.00
5	\$ -	\$ 38,680.00	\$ 38,680.01	\$ 53,378.40	\$ 53,378.41	\$ 63,435.20	\$ 63,435.21	\$ 77,360.00	\$ 77,360.01	\$ 999,999.00
6	\$ -	\$ 44,360.00	\$ 44,360.01	\$ 61,216.80	\$ 61,216.81	\$ 72,750.40	\$ 72,750.41	\$ 88,720.00	\$ 88,720.01	\$ 999,999.00
7	\$ -	\$ 50,040.00	\$ 50,040.01	\$ 69,055.20	\$ 69,055.21	\$ 82,065.60	\$ 82,065.61	\$ 100,080.00	\$ 100,080.01	\$ 999,999.00
8	\$ -	\$ 55,720.00	\$ 55,720.01	\$ 76,893.60	\$ 76,893.61	\$ 91,380.80	\$ 91,380.81	\$ 111,440.00	\$ 111,440.01	\$ 999,999.00
9	\$ -	\$ 61,400.00	\$ 61,400.01	\$ 84,732.00	\$ 84,732.01	\$ 100,696.00	\$ 100,696.01	\$ 122,800.00	\$ 122,800.01	\$ 999,999.00
10	\$ -	\$ 67,080.00	\$ 67,080.01	\$ 92,570.40	\$ 92,570.41	\$ 110,011.20	\$ 110,011.21	\$ 134,160.00	\$ 134,160.01	\$ 999,999.00
11	\$ -	\$ 72,760.00	\$ 72,760.01	\$ 100,408.80	\$ 100,408.81	\$ 119,326.40	\$ 119,326.41	\$ 145,520.00	\$ 145,520.01	\$ 999,999.00
12	\$ -	\$ 78,440.00	\$ 78,440.01	\$ 108,247.20	\$ 108,247.21	\$ 128,641.60	\$ 128,641.61	\$ 156,880.00	\$ 156,880.01	\$ 999,999.00
13	\$ -	\$ 84,120.00	\$ 84,120.01	\$ 116,085.60	\$ 116,085.61	\$ 137,956.80	\$ 137,956.81	\$ 168,240.00	\$ 168,240.01	\$ 999,999.00
14	\$ -	\$ 89,800.00	\$ 89,800.01	\$ 123,924.00	\$ 123,924.01	\$ 147,272.00	\$ 147,272.01	\$ 179,600.00	\$ 179,600.01	\$ 999,999.00
15	\$ -	\$ 95,480.00	\$ 95,480.01	\$ 131,762.40	\$ 131,762.41	\$ 156,587.20	\$ 156,587.21	\$ 190,960.00	\$ 190,960.01	\$ 999,999.00

### Patient Responsibility Based on Type of Visit

Visit Type	Slide Scale A**	Slide Scale B***	Slide Scale C***	Slide Scale D***	Slide Scale E
*Medical New Pt	\$30.00	50% of Charges	65% of Charges	80% of Charges	100% of Charges
*Medical Established Pt	\$25.00				
Procedures	Included in nominal fee	50% of Charges	65% of Charges	80% of Charges	100% of Charges
Labs	Included in nominal fee	50% of Charges	65% of Charges	80% of Charges	100% of Charges
Chronic Care Mgmt Program (CCM)	\$0.00	50% of Charges	65% of Charges	80% of Charges	100% of Charges
Dental	\$50.00	50% of Charges	65% of Charges	80% of Charges	100% of Charges
Total 340B Pharmacy Costs; Nominal Charge + Drug Cost	\$8.00+340B Drug Cost	\$10.00+340B Drug Cost	\$12.00+340B Drug Cost	\$14.00+340B Drug Cost	\$15.00+340B Drug Cost

\* Medical includes Behavioral Health and Specialty Services. \*\* Slide A fees constitute the nominal amount collected (no further discount). \*\*\* Slides B, C & D: discounted fee will be the calculated percentage of charges or the minimum floor (\$40 for medical visits / \$55 for dental visits), whichever is greater. For each additional family member beyond 15, add \$5,680 to calculate the 100% FPL threshold.

  
 Dameon Jackson, Board President

4/7/2026  
 Date