

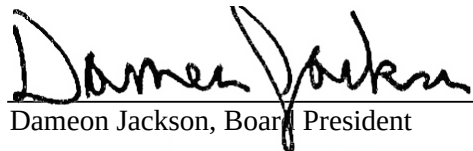
Southeast Community Health Systems 2026 Sliding Fee Scale

| | 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 |
| Dermatology Procedures | 20% of Charges | 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 (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

06/02/2026
 Date