

**ADDENDUM 1:**

**FINANCIAL ASSISTANCE PROGRAM GUIDELINES and SLIDING FEE SCHEDULE**

Eligibility Criteria

- A. The patient/guarantor, husband or wife, and dependents may not have property in excess of those noted below except for balances incurred at hospitals that participate in the National Health Service Corps Program (NHSC) and/or Michigan State Loan Repayment Program (MSLRP) where this does criteria does not apply.
  - 1. Primary residence is exempt for patients under 200% federal poverty guidelines. For those over 200% equity allowance is \$75,000 (financial statements and tax bills are required). Income producing land (e.g., dairy farm) is evaluated individually on a case-by-case basis.
  - 2. Cash assets in excess of \$4,000 at the time of application. Specifically excluded from consideration are:
    - a. IRA and Pension Plans
    - b. Irrevocable Burial Trust Funds
  - 3. Total net assets cannot exceed 800% of federal poverty guidelines. This includes all assets including those under 2 above.
- B. Person may not have transferred property within a period of five years of date of application, unless they received full market value for such property except for balances incurred at hospitals that participate in the National Health Service Corps Program (NHSC) and/or Michigan State Loan Repayment Program (MSLRP) where this does criteria does not apply.
- C. Patients who are members of insurance plans that are not contracted with Aspirus or deem Aspirus to be "out-of-network" are not eligible for assistance under this program.
- D. The 2026 Poverty Guidelines are listed below. These are published at <http://aspe.hhs.gov/poverty>.

<b>2026 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA</b>	
<b>Persons in family/household</b>	<b>Poverty guideline</b>
1	\$15,960
2	\$21,640
3	\$27,320
4	\$33,000
5	\$38,680
6	\$44,360
7	\$50,040
8	\$55,720
For families/households with more than 8 persons, add \$5,680 for each additional person.	

These guidelines will be updated automatically to the current table once released. The above is for reference only for the year noted.

### Financial Assistance Sliding Fee Schedule

- A. Aspirus has chosen to apply one sliding scale to all patients applying and approved for financial assistance. The sliding scale is effective for applications processed after August 1, 2015 and is within the 120 days allowed for calculating and implementing new AGB percentages.

Federal Poverty Adjustment Percent

0%-200% = 100%

200%-300% = 75%

<b>Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty</b>			
<b>Poverty Level</b>	<b>At or Below 200%</b>	<b>200%-300%</b>	<b>Over 300%</b>
<b>Family Size</b>	<b>0% pay</b>	<b>25% pay</b>	<b>100% pay</b>
1	\$0-\$31,920	\$31,921-\$47,880	\$47,880+
2	\$0-\$43,280	\$43,281-\$64,920	\$64,920+
3	\$0-\$54,640	\$54,641-\$81,960	\$81,960+
4	\$0-\$66,000	\$66,001-\$99,000	\$99,000+
5	\$0-\$77,360	\$77,361-\$116,040	\$116,040+
6	\$0-\$88,720	\$88,721-\$133,080	\$133,080+
7	\$0-\$100,080	\$100,081-\$150,120	\$150,120+
8	\$0-\$111,440	\$111,441-\$167,160	\$167,160+
For each additional person increase \$5680	\$11,360	\$17,040	\$17,040

- B. Over 300% = Exceptions for Medical Indigent: A patient who incurs catastrophic medical expenses is eligible for assistance where payment of the balance would require liquidation of assets critical to living or would cause undue financial hardship. Patients are eligible for a catastrophic discount when the patient responsibility portion of Aspirus medical bills exceeds 25% of income (calculated without regard for Excess Assets). Percentage will be noted on the approved financial assistance application.
- C. Sometimes patients make payments prior to approval for financial assistance. Aspirus will refund patients for any patient payment exceeding the Hospital AGB Percentages listed in Addendum 4 percentages if the amount is greater than \$4.99. Amounts paid applied to accounts or encounters older than 240 days from the approval date will not be reviewed for refund. Accounts older than 240 days from the date of approval may be used to absorb amounts reviewed for refunding. Medicaid copays/deductibles and payments for non-medically necessary services are not subject to refunding.

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