

2015 K4U Hospital Discount Program Scale

add \$4,160 for each additional person over 8 in Qualifying for HCAP (yearly income) Effective 1/22/15

Discount from Self Pay 160	Plan Code	Income	1		2		3		4		5		6		7		8	
			Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
100%	*HCAP or **SP00 (see below)	Yearly Monthly	0 11,770	11,770 980.83	15,930 1,327.50	15,930 1,327.50	20,090 1,674.17	20,090 1,674.17	24,250 2,020.83	24,250 2,020.83	28,410 2,367.50	28,410 2,367.50	32,570 2,714.17	32,570 2,714.17	36,730 3,060.83	36,730 3,060.83	40,890 3,407.50	40,890 3,407.50
87.5%	SP20	Yearly Monthly	11,771 980.92	14,385 1,198.77	15,931 1,327.58	19,470 1,622.47	20,091 1,674.25	24,554 2,046.17	24,251 2,020.92	29,638 2,469.86								
81.3%	SP30	Yearly Monthly	14,386 1,198.86	17,001 1,416.76	19,471 1,622.55	23,010 1,917.50	24,555 2,046.25	29,019 2,418.24	29,639 2,469.95	35,028 2,918.98								
75.0%	SP40	Yearly Monthly	17,002 1,416.84	19,617 1,634.72	23,011 1,917.58	26,550 2,212.50	29,020 2,418.32	33,483 2,790.28	35,029 2,919.06	40,417 3,368.06								
68.8%	SP50	Yearly Monthly	19,618 1,634.81	22,232 1,852.69	26,551 2,212.58	30,090 2,507.50	33,484 2,790.36	37,948 3,162.31	40,418 3,368.14	45,806 3,817.13								
62.5%	SP60	Yearly Monthly	22,233 1,852.77	24,848 2,070.65	30,091 2,507.58	33,630 2,802.50	37,949 3,162.40	42,412 3,534.35	45,807 3,817.21	51,194 4,266.20								
56.3%	SP70	Yearly Monthly	24,849 2,070.73	27,463 2,288.61	33,631 2,802.58	37,170 3,097.50	42,413 3,534.44	46,877 3,906.39	51,195 4,266.29	56,583 4,715.28								
50.0%	SP80	Yearly Monthly	27,464 2,288.69	30,079 2,506.57	37,171 3,097.58	40,710 3,392.50	46,878 3,906.47	51,341 4,278.43	56,584 4,715.36	61,972 5,164.35								
43.8%	SP90	Yearly Monthly	30,080 2,506.66	32,694 2,724.54	40,711 3,392.58	44,250 3,687.50	51,342 4,278.51	55,806 4,650.46	61,973 5,164.44	67,361 5,613.43								
37.5%	SP100	Yearly Monthly	32,695 2,724.62	35,310 2,942.50	44,251 3,687.58	47,790 3,982.50	55,807 4,650.55	60,270 5,022.50	67,362 5,613.51	72,750 6,062.50								
0%	SP160	Yearly Monthly	35,311 2,942.58	or more or more	47,791 3,982.58	or more or more	60,271 5,022.58	or more or more	72,751 6,062.58	or more or more								

* HCAP is for Ohio residents eligible for 100% **SP00 for out of state residents eligible for 100%

Plan Code is entered in EPIC on Additional Claim Info located under the Claim Info form. It is also used in Carepricer.

Sliding Scale amounts for the K4U Discount only goes up to 4 members. If the family size is 5 or more use the information for the 4 member family to apply a discount.

HCAP amounts have not changed - determine according to their gross income. HCAP does not stop at a family size of 4. Anything over a family of 8, add \$4,160 as notated above.