

2016 K4U Hospital Discount Program Scale

add \$4,160 for each additional person over 8 in Qualifying for HCAP (yearly income) Effective 1/25/16

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
*HCAP or **SP00 (see below)	Yearly Monthly	0 11,880 990.00	11,880 990.00	16,020 1,335.00	16,020 1,335.00	20,160 1,680.00	20,160 1,680.00	24,300 2,025.00	24,300 2,025.00	28,440 2,370.00	28,440 2,370.00	32,580 2,715.00	32,580 2,715.00	36,730 3,060.83	36,730 3,060.83	40,890 3,407.50	40,890 3,407.50
SP20	Yearly Monthly	11,881 990.08	14,520 1,209.98	16,021 1,335.08	19,580 1,631.64	20,161 1,680.08	24,640 2,053.30	24,301 2,025.08	29,699 2,474.96								
SP30	Yearly Monthly	14,521 1,210.06	17,160 1,430.00	19,581 1,631.72	23,140 1,928.33	24,641 2,053.38	29,120 2,426.67	29,700 2,475.04	35,100 2,925.00								
SP40	Yearly Monthly	17,161 1,430.08	19,800 1,650.00	23,141 1,928.42	26,700 2,225.00	29,121 2,426.75	33,600 2,800.00	35,101 2,925.08	40,500 3,375.00								
SP50	Yearly Monthly	19,801 1,650.08	22,440 1,870.00	26,701 2,225.08	30,260 2,521.67	33,601 2,800.08	38,080 3,173.33	40,501 3,375.08	45,900 3,825.00								
SP60	Yearly Monthly	22,441 1,870.08	25,080 2,090.00	30,261 2,521.75	33,820 2,818.33	38,081 3,173.42	42,560 3,546.67	45,901 3,825.08	51,300 4,275.00								
SP70	Yearly Monthly	25,081 2,090.08	27,720 2,310.00	33,821 2,818.42	37,380 3,115.00	42,561 3,546.75	47,040 3,920.00	51,301 4,275.08	56,700 4,725.00								
SP80	Yearly Monthly	27,721 2,310.08	30,360 2,530.00	37,381 3,115.08	40,940 3,411.67	47,041 3,920.08	51,520 4,293.33	56,701 4,725.08	62,100 5,175.00								
SP90	Yearly Monthly	30,361 2,530.08	33,000 2,750.00	40,941 3,411.75	44,500 3,708.33	51,521 4,293.42	56,000 4,666.67	62,101 5,175.08	67,500 5,625.00								
SP100	Yearly Monthly	33,001 2,750.08	35,640 2,970.00	44,501 3,708.42	48,060 4,005.00	56,001 4,666.75	60,480 5,040.00	67,501 5,625.08	72,900 6,075.00								
SP160	Yearly Monthly	35,641 2,970.08	or more or more	48,061 4,005.08	or more or more	60,481 5,040.08	or more or more	72,901 6,075.08	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.