2017 K4U Hospital Discount Program Scale

add $4,180 for each additional person over 8 in Qualifying for HCAP (yearly income) Effective 1/26/17

Plan Code	Income	1		2		3		4		5		6		7		8	
*HCAP or **SP00 (see below)	Yearly	0	12,060		16,240		20,420		24,600		28,780		32,960		37,140		41,320
	Monthly		1,005.00		1,353.33		1,701.67		2,050.00		2,398.33		2,746.67		3,095.00		3,443.33
SP20	Yearly	12,061	14,740	16,241	19,849	20,421	24,957	24,601	30,066								
	Monthly	1,005.08	1,228.31	1,353.42	1,654.04	1,701.75	2,079.78	2,050.08	2,505.51								
SP30	Yearly	14,741	17,420	19,850	23,458	24,958	29,496	30,067	35,533								
	Monthly	1,228.39	1,451.67	1,654.13	1,954.81	2,079.86	2,457.96	2,505.59	2,961.11								
SP40	Yearly	17,421	20,100	23,459	27,067	29,497	34,033	35,534	41,000								
	Monthly	1,451.75	1,675.00	1,954.90	2,255.56	2,458.05	2,836.11	2,961.19	3,416.67								
SP50	Yearly	20,101	22,780	27,068	30,676	34,034	38,571	41,001	46,467								
	Monthly	1,675.08	1,898.33	2,255.64	2,556.30	2,836.19	3,214.26	3,416.75	3,872.22								
SP60	Yearly	22,781	25,460	30,677	34,284	38,572	43,109	46,468	51,933								
	Monthly	1,898.42	2,121.67	2,556.38	2,857.04	3,214.34	3,592.41	3,872.31	4,327.78								
SP70	Yearly	25,461	28,140	34,285	37,893	43,110	47,647	51,934	57,400								
	Monthly	2,121.75	2,345.00	2,857.12	3,157.78	3,592.49	3,970.56	4,327.86	4,783.33								
SP80	Yearly	28,141	30,820	37,894	41,502	47,648	52,184	57,401	62,867								
	Monthly	2,345.08	2,568.33	3,157.86	3,458.52	3,970.64	4,348.70	4,783.42	5,238.89								
SP90	Yearly	30,821	33,500	41,503	45,111	52,185	56,722	62,868	68,333								
	Monthly	2,568.42	2,791.67	3,458.60	3,759.26	4,348.79	4,726.85	5,238.97	5,694.44								
SP100	Yearly	33,501	36,180	45,112	48,720	56,723	61,260	68,334	73,800								
	Monthly	2,791.75	3,015.00	3,759.34	4,060.00	4,726.94	5,105.00	5,694.53	6,150.00								
SP160	Yearly	36,181	or more	48,721	or more	61,261	or more	73,801	or more								
	Monthly	3,015.08	or more	4,060.08	or more	5,105.08	or more	6,150.08	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 $4,180 as notated above.