

## For people who are not living with HIV or do not know their HIV status

Household Size: \_\_\_\_\_ Write the number from the bottom of **page 3** on your **Sliding Fee Discount application** here.

Total Yearly Earnings: \$ \_\_\_\_\_ Write the dollar amount from the bottom of **page 4** on your **Sliding Fee Discount application** here.

### How to use this chart:

**Step 1:** Look below at **Chart 1A**. Find and circle your Household Size under the Household Size column on the far left of the chart with a pen or pencil.

If your household size is larger than five, please contact a financial counselor to determine the correct Group column for your Total Yearly Earnings.

**Step 2:** Looking at the dollar amounts in the boxes to the right of your household size, find and circle the box that includes your Total Yearly Earnings with a pen or pencil. At the top of that column, you will find your group letter. Write that letter here \_\_\_\_\_.

**Step 3:** Go to the next page. On **Chart 1B**, find and circle the column with your group letter from Step 2.

**Step 4:** Follow each service in the Type of Service column to the dollar amount or percentage in the column that you circled in Step 3. This is what you will pay for those services.

<b>Chart 1A   For people who are <u>not</u> living with HIV or <u>do not</u> know their HIV status</b>					
<b>Household Size</b>	<b>Income Group A</b>	<b>Income Group B</b>	<b>Income Group C</b>	<b>Income Group D</b>	<b>Income Group E<sup>1</sup></b>
1 - Annually	\$0 - 15,652	\$15,653 - 23,478	\$23,479 - 27,391	\$27,392 - 31,304	\$31,305+
1 - Monthly	\$0 - 1,304	\$1,305 - 1,957	\$1,958 - 2,283	\$2,284 - 2,609	\$2,610+
2 - Annually	\$0 - 21,150	\$21,151 - 31,725	\$31,726 - 37,013	\$37,014 - 42,300	\$42,301+
2 - Monthly	\$0 - 1,763	\$1,764 - 2,644	\$2,645 - 3,084	\$3,085 - 3,525	\$3,526+
3 - Annually	\$0 - 26,650	\$26,651 - 39,975	\$39,976 - 46,638	\$46,639 - 53,300	\$53,301+
3 - Monthly	\$0 - 2,221	\$2,222 - 3,331	\$3,332 - 3,886	\$3,887 - 4,442	\$4,443+
4 - Annually	\$0 - 32,150	\$32,151 - 48,225	\$48,226 - 56,263	\$56,264 - 64,300	\$64,301+
4 - Monthly	\$0 - 2,679	\$2,680 - 4,019	\$4,020 - 4,689	\$4,690 - 5,358	\$5,359+
5 - Annually*	\$0 - 37,650	\$37,651 - 56,475	\$56,476 - 65,888	\$65,889 - 75,300	\$75,301+
5 - Monthly*	\$0 - 3,138	\$3,139 - 4,706	\$4,707 - 5,491	\$5,492 - 6,275	\$ 6,276+

<sup>1</sup>If you are in **Group E**, then, then you will pay full price for services unless you have health insurance.

<b>Chart 1B   What you will pay</b>					
<b>Type of Service</b>	<b>Group A</b>	<b>Group B</b>	<b>Group C</b>	<b>Group D</b>	<b>Group E</b>
Medical- Sliding Fee <sup>1</sup>	\$10	\$30	\$35	\$40	Full Fee
All other medical procedures	50% discount	50% discount	50% discount	50% discount	Full Fee
MH- Sliding Fee <sup>1</sup>	\$10	\$30	\$35	\$40	Full Fee
Dental- cleaning, exams and x-rays	\$30	\$40	\$50	\$60	Full Fee
All other dental procedures <sup>2</sup>	50% discount	50% discount	50% discount	50% discount	Full Fee
Prescription Formulary: 30 day supply <sup>3</sup>	\$10	\$15	\$20	\$25	Full Fee
Prescription Formulary: 90 day supply <sup>3</sup>	\$25	\$40	\$50	\$60	Full Fee
IUD Procedure <sup>4</sup>	50% discount	50% discount	50% discount	50% discount	Full Fee
IUD Device - <i>add'l cost</i> <sup>4</sup>	Ask about your device	Ask about your device	Ask about your device	Ask about your device	Ask about your device

**Add \$5,550 for each person over household size of 5 to the biggest dollar amount in the income ranges to the right of the number "5" in the "Household Size" column.**

<sup>1</sup> Includes clinical pharmacy services

<sup>2</sup> Separate payment for Dental Procedures - dental procedures will be charged at a 50% discount off Fee Schedule for all slide categories, Full fee will be charged for greater than 200% FPL.

\*Half of charge of services (patient responsibility portion) for procedure to be paid at appointment scheduling, and remaining balance due at check in for the scheduled procedure.

<sup>3</sup> For a pharmacy customer to qualify for the sliding fee schedule, the customer must be a patient of the health center. If the price of the medication is cheaper than the Sliding Fee, the patient will only pay up to the maximum price of the medication.

<sup>4</sup> Separate payment for the IUD unit/product, uninsured patients below 200% only pay the cost of the product

## For people who are living with HIV

Household Size: \_\_\_\_\_ Write the number from the bottom of **page 3 on your Sliding Fee Discount application** here.

Total Yearly Earnings: \$\_\_\_\_\_ Write the dollar amount from the bottom of **page 4 on your Sliding Fee Discount application** here.

### How to use this chart:

**Step 1:** Look **Chart 2A** at the top of the next page. Find and circle your Household Size under the **Household Size** column on the far left of the chart with a pen or pencil.

If your household size is larger than five, please contact a financial counselor to determine the correct Group column for your Total Yearly Earnings.


**Step 2:** Looking at the dollar amounts in the boxes to the right of your household size, find and circle the box that includes your Total Yearly Earnings with a pen or pencil. At the top of that column, you will find your group letter. Write that letter here \_\_\_\_\_.

**Step 3:** Going down the page, find and circle the column in **Chart 2B** with the same group letter from Step 2.

- The dollar amount in the first box is the amount you will pay for Medical, Dental and Mental Health & Recovery services.
- You will use the percentage - 5%, 7%, or 10% - in the second box to calculate your Total Yearly Cap - the most money you can spend on out-of-pocket medical expenses in one year. Once you spend more than your Total Yearly Cap, Equitas Health will not charge you for any other services for the rest of the year.

**Step 4:** To figure out your Total Yearly Cap, multiply your Total Yearly Earnings by the percentage in the second box of the What You Will Pay column that you circled in Step 3. For help figuring out your Total Yearly Cap, please see the worksheet on the other side of this page.

*Note: If you circled, Group A or Group H, then you will not have a Total Yearly Cap.*

See chart on next page 

### Chart 2A | For people who are living with HIV

Household Size	Income Group A	Income Group B	Income Group C	Income Group D	Income Group E	Income Group F	Income Group G	Income Group H**
1 - Annually	\$0 - 15,652	\$15,653 - 23,478	\$23,479 - 31,304	\$31,305 - 39,130	\$39,131 - 46,956	\$46,957 - 62,608	\$62,609 - 78,260	\$78,261+
1 - Monthly	\$0 - 1,304	\$1,305 - 1,957	\$1,958 - 2,609	\$2,610 - 3,261	\$3,262 - 3,913	\$3,914 - 5,217	\$5,218 - 6,522	\$6,523+
2 - Annually	\$0 - 21,150	\$21,151 - 31,725	\$31,726 - 42,300	\$42,301 - 52,875	\$52,876 - 63,450	\$63,451 - 84,600	\$85,601 - 105,750	\$105,751+
2 - Monthly	\$0 - 1,763	\$1,764 - 2,644	\$2,645 - 3,525	\$3,526 - 4,406	\$4,407 - 5,288	\$5,289 - 7,050	\$7,051 - 8,813	\$8,814+
3 - Annually	\$0 - 26,650	\$26,651 - 39,975	\$39,976 - 53,300	\$53,301 - 66,625	\$66,626 - 79,950	\$79,951 - 106,600	\$106,601 - 133,250	\$133,251+
3 - Monthly	\$0 - 2,221	\$2,222 - 3,331	\$3,332 - 4,442	\$4,443 - 5,552	\$5,553 - 6,663	\$6,664 - 8,883	\$8,884 - 11,104	\$11,105+
4 - Annually	\$0 - 32,150	\$32,151 - 48,225	\$48,226 - 64,300	\$64,301 - 80,375	\$80,376 - 96,450	\$96,451 - 128,600	\$128,601 - 160,750	\$160,751+
4 - Monthly	\$0 - 2,679	\$2,680 - 4,019	\$4,020 - 5,358	\$5,359 - 6,698	\$6,699 - 8,038	\$8,039 - 10,717	\$10,718 - 13,396	\$13,397+
5 - Annually	\$0 - 37,650	\$37,651 - 56,475	\$56,476 - 75,300	\$75,301 - 94,125	\$94,126 - 112,950	\$112,951 - 150,600	\$150,601 - 188,250	\$188,251+
5 - Monthly	\$0 - 3,138	\$3,139 - 4,706	\$4,707 - 6,275	\$6,276 - 7,844	\$7,845 - 9,413	\$9,414 - 12,550	\$12,551 - 15,688	\$15,689+

### Chart 2B | For people who are living with HIV

Medical, Dental, MH Fees	\$0	\$2	\$3	\$4	\$5	\$7	\$9	Full Price
Total Yearly Cap	None	5% of Total Yearling Earnings	5% of Total Yearly Earnings	7% of Total Yearly Earnings	10% of Total Yearly Earnings	10% of Total Yearly Earnings	10% of Total Yearly Earnings	Full Price
Pharmacy: Insured (EPAP or MOU)	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	50% Coverage	50% Coverage	Full Price
Pharmacy: Uninsured (SS)	80% Coverage	60% Coverage	60% Coverage	40% Coverage	40% Coverage	20% Coverage	20% Coverage	Full Price

**Add \$5,550 for each person over household size of 5 to the biggest dollar amount in the income ranges to the right of the number "5" in the "Household Size" column.**

**\*\*If you are in Group H, then you will pay full price for services unless you have health insurance.**

Patient Name \_\_\_\_\_

Patient Email \_\_\_\_\_

Patient Address \_\_\_\_\_

## Total Yearly Cap Worksheet | For people living with HIV

### What you will need:

- ✓ A calculator
- ✓ Your Total Yearly Earnings from the last page: \$ \_\_\_\_\_
- ✓ The percentage that you circled in the chart on the last page: \_\_\_\_\_ %.

### First, let's look at an example:

Juanita has a Household size of **2** with Total Yearly Earnings of **\$47,000**. According to **Chart 2A**, this means Juanita is in **Group D**.

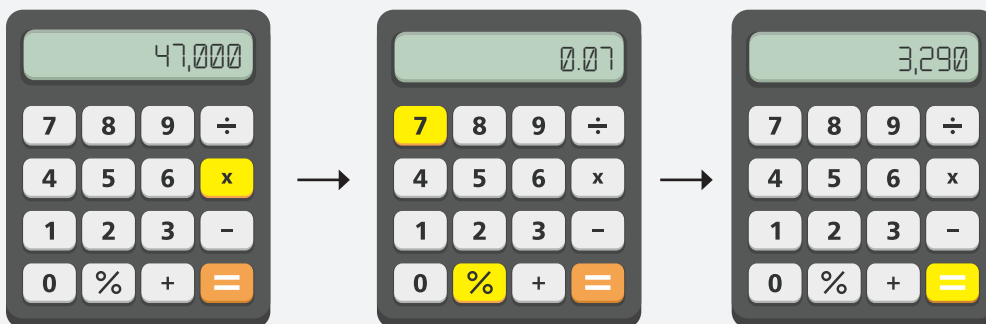
According to **Chart 2B**, she would have a **Total Yearly Cap of 7%** of her Total Yearly Earnings.

Chart 2A   For people who are living with HIV								
Household Size	Income Group A	Income Group B	Income Group C	Income Group D	Income Group E	Income Group F	Income Group G	Income Group H
1 - Annually	\$0 - 15,652	\$15,653 - 23,478	\$23,479 - 31,304	\$31,305 - 39,130	\$39,131 - 46,956	\$46,957 - 62,608	\$62,609 - 78,260	\$78,261+
1 - Monthly	\$0 - 1,304	\$1,305 - 1,957	\$1,958 - 2,609	\$2,610 - 3,261	\$3,262 - 3,913	\$3,914 - 5,217	\$5,218 - 6,522	\$6,523+
2 - Annually	\$0 - 21,150	\$21,151 - 31,725	\$31,726 - 42,300	\$42,301 - 52,875	\$52,876 - 63,450	\$63,451 - 84,600	\$84,601 - 105,750	\$105,751+
2 - Monthly	\$0 - 1,763	\$1,764 - 2,644	\$2,645 - 3,525	\$3,526 - 4,406	\$4,407 - 5,288	\$5,289 - 7,050	\$7,051 - 8,813	\$8,814+
3 - Annually	\$0 - 26,650	\$26,651 - 39,975	\$39,976 - 53,300	\$53,301 - 66,625	\$66,626 - 79,950	\$79,951 - 106,600	\$106,601 - 133,250	\$133,251+
3 - Monthly	\$0 - 2,221	\$2,222 - 3,331	\$3,332 - 4,442	\$4,443 - 5,552	\$5,553 - 6,663	\$6,664 - 8,883	\$8,884 - 11,104	\$11,105+
4 - Annually	\$0 - 32,150	\$32,151 - 48,225	\$48,226 - 64,300	\$64,301 - 80,375	\$80,376 - 96,450	\$96,451 - 128,600	\$128,601 - 160,750	\$160,751+
4 - Monthly	\$0 - 2,679	\$2,680 - 4,019	\$4,020 - 5,358	\$5,359 - 6,698	\$6,699 - 8,038	\$8,039 - 10,717	\$10,718 - 13,396	\$13,397+
5 - Annually	\$0 - 37,650	\$37,651 - 56,475	\$56,476 - 75,300	\$75,301 - 94,125	\$94,126 - 112,950	\$112,951 - 150,600	\$150,601 - 188,250	\$188,251+
5 - Monthly	\$0 - 3,138	\$3,139 - 4,706	\$4,707 - 6,275	\$6,276 - 7,844	\$7,845 - 9,413	\$9,414 - 12,550	\$12,551 - 15,688	\$15,689+

Chart 2B   For people who are living with HIV								
	\$0	\$2	\$3	\$4	\$5	\$7	\$9	Full Price
Medical, Dental, MH Fees	\$0	\$2	\$3	\$4	\$5	\$7	\$9	Full Price
Total Yearly Cap	None	5% of Total Yearling Earnings	5% of Total Yearly Earnings	7% of Total Yearly Earnings	10% of Total Yearly Earnings	10% of Total Yearly Earnings	10% of Total Yearly Earnings	Full Price
Pharmacy: Insured (EPAP or MOU)	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	50% Coverage	50% Coverage	Full Price
Pharmacy: Uninsured (SS)	80% Coverage	60% Coverage	60% Coverage	40% Coverage	40% Coverage	20% Coverage	20% Coverage	Full Price

To figure out her Total Yearly Cap, Juanita would multiply **\$47,000** by **7%** on a calculator.



First, Juanita would press [4]-[7]-[0]-[0]-[0], and then [X]

Next, she would press [7], and then [%].

The number on the screen - **3,290** - means the most Juanita will spend of her own money on medical costs for the year is **\$3,290**.

**Now let's figure out your Total Yearly Cap:**

$$\begin{array}{l} \$ \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \% = \text{Your Total Yearly Cap} \\ \text{Total Yearly Earnings} \quad \text{Percentage} \end{array}$$

**On your calculator:**

Step 1 - enter your Total Yearly Earnings

Step 2 - press the multiplication symbol: [X]

Step 3 - press the number of your percentage (see above)

Step 4 - press the percentage symbol: [%]

Step 5 - press the equal sign: [=]

Step 6 - the number that appears on the screen after you press the equal sign is your Total Yearly Cap.

Write that number here: \$                      is my **Total Yearly Cap**.

After you spend this much on your medical bills in the same year, Equitas Health will not charge you for any of their services for the rest of that year.

**Things to keep in mind:**

- ✓ Your Total Yearly Cap is the amount you pay out-of-pocket for services. It is not the actual cost of the services.  
**Example:**  
You pay \$5 for a dental visit that would be \$75 full price. You have spent \$5 towards your Total Yearly Cap, not \$75.
- ✓ Your Total Yearly Cap includes what you pay for services at Equitas Health and anywhere else that you get medical care.
- ✓ Keep all of your receipts and bills for your medical costs in one place.
- ✓ Your Equitas Health Financial Counselor will look over your receipts and bills to make sure they count towards your Total Yearly Cap.
- ✓ Let your Financial Counselor know any time that your household size or income changes.

If you have questions about your Total Yearly Cap, how to use Chart 2A or Chart 2B, or any of the instructions on this page, please contact a financial counselor.