

Munising Memorial Hospital
SLIDING FEE SCHEDULE - FINANCIAL ASSISTANCE
 Based on 2024 Federal Poverty Guidelines

| Family Size | 100% Discount | | 80% Discount | | 60% Discount | | 40% Discount | | 20% Discount | |
|--------------|-----------------------|----------|-----------------------|----------|-----------------------|----------|-----------------------|-----------|-----------------------|-----------|
| | If income is between: | | If income is between: | | If income is between: | | If income is between: | | If income is between: | |
| 1 | \$0 | \$15,060 | \$15,061 | \$22,590 | \$22,591 | \$26,355 | \$26,356 | \$30,120 | \$30,121 | \$30,121 |
| 2 | \$0 | \$20,440 | \$20,441 | \$30,660 | \$30,661 | \$35,770 | \$35,771 | \$40,880 | \$40,881 | \$40,881 |
| 3 | \$0 | \$25,820 | \$25,821 | \$38,730 | \$38,731 | \$45,185 | \$45,186 | \$51,640 | \$51,641 | \$51,641 |
| 4 | \$0 | \$31,200 | \$31,201 | \$46,800 | \$46,801 | \$54,600 | \$54,601 | \$62,400 | \$62,401 | \$62,401 |
| 5 | \$0 | \$36,580 | \$36,581 | \$54,870 | \$54,871 | \$64,015 | \$64,016 | \$73,160 | \$73,161 | \$73,161 |
| 6 | \$0 | \$41,960 | \$41,961 | \$62,940 | \$62,941 | \$73,430 | \$73,431 | \$83,920 | \$83,921 | \$83,921 |
| 7 | \$0 | \$47,340 | \$47,341 | \$71,010 | \$71,011 | \$82,845 | \$82,846 | \$94,680 | \$94,681 | \$94,681 |
| 8 | \$0 | \$52,720 | \$52,721 | \$79,080 | \$79,081 | \$92,260 | \$92,261 | \$105,440 | \$105,441 | \$105,441 |
| % of Poverty | 100.00% | | 125.00% | | 150.00% | | 175.00% | | 200.00% | |

Michigan Medicaid Expansion Mandated
 Under Insured Payment Discount 40%*

Applies to HOSPITAL charges beginning 1/1/2024 only.

| Family Size | Above | Below | Above | Below |
|--------------|-------|----------|----------|-----------|
| 1 | \$0 | \$20,030 | \$20,031 | \$37,650 |
| 2 | \$0 | \$27,185 | \$27,186 | \$51,100 |
| 3 | \$0 | \$34,341 | \$34,342 | \$64,550 |
| 4 | \$0 | \$41,496 | \$41,497 | \$78,000 |
| 5 | \$0 | \$48,651 | \$48,652 | \$91,450 |
| 6 | \$0 | \$55,807 | \$55,808 | \$104,900 |
| 7 | \$0 | \$62,962 | \$62,963 | \$118,350 |
| 8 | \$0 | \$70,118 | \$70,119 | \$131,800 |
| % of Poverty | 133% | | 250% | |

Michigan Medicaid Expansion mandates that we accept as payment in full 115% of our Medicare rate from UNINSURED patients whose household income is less than 250% of the Federal Poverty Guidelines. To receive the current payment discount of 40% you must complete an application form.

**Discount shown applies to outpatient services; inpatient discount will be calculated as needed.*

Michigan Presumptive Eligibility (MPE)
 Pregnant Women/Children Under Age 19

| Family Size | Above | Below | Above | Below |
|--------------|-------------------|----------|----------------|-----------|
| 1 | \$0 | \$24,096 | \$0 | \$29,367 |
| 2 | \$0 | \$32,704 | \$0 | \$39,858 |
| 3 | \$0 | \$41,312 | \$0 | \$50,349 |
| 4 | \$0 | \$49,920 | \$0 | \$60,840 |
| 5 | \$0 | \$58,528 | \$0 | \$71,331 |
| 6 | \$0 | \$67,136 | \$0 | \$81,822 |
| 7 | \$0 | \$75,744 | \$0 | \$92,313 |
| 8 | \$0 | \$84,352 | \$0 | \$102,804 |
| % of Poverty | 160% | | 195% | |
| | Children Under 19 | | Pregnant Women | |

If a patient's household income falls within the amounts shown, please contact MPE screener