

**Mary's Center for Maternal and Child Care
Schedule of Discounts**

# of Family Members	Level I	Level II		Level III		Level IV		Level V		Level VI		Level VII	
	0 to 100% of Poverty	125% of Poverty		150% of Poverty		175% of Poverty		200% of Poverty		225% of Poverty		250% of Poverty	
	If Income is	If income is between		If income is between		If income is between		If income is between		If income is between		If income is between	
1	\$10,830	\$10,831	\$12,455	\$12,456	\$14,079	\$14,080	\$15,704	\$15,705	\$17,328	\$17,329	\$18,953	\$18,954	\$21,660
2	\$14,570	\$14,571	\$16,756	\$16,757	\$18,941	\$18,942	\$21,127	\$21,128	\$23,312	\$23,313	\$25,498	\$25,499	\$29,140
3	\$18,310	\$18,311	\$21,057	\$21,058	\$23,803	\$23,804	\$26,550	\$26,551	\$29,296	\$29,297	\$32,043	\$32,044	\$36,620
4	\$22,050	\$22,051	\$25,358	\$25,359	\$28,665	\$28,666	\$31,973	\$31,974	\$35,280	\$35,281	\$38,588	\$38,589	\$44,100
5	\$25,790	\$25,791	\$29,659	\$29,660	\$33,527	\$33,528	\$37,396	\$37,397	\$41,264	\$41,265	\$45,133	\$45,134	\$51,580
6	\$29,530	\$29,531	\$33,960	\$33,961	\$38,389	\$38,390	\$42,819	\$42,820	\$47,248	\$47,249	\$51,678	\$51,679	\$59,060
7	\$33,270	\$33,271	\$38,261	\$38,262	\$43,251	\$43,252	\$48,242	\$48,243	\$53,232	\$53,233	\$58,223	\$58,224	\$66,540
8	\$37,010	\$37,011	\$42,562	\$42,563	\$48,113	\$48,114	\$53,665	\$53,666	\$59,216	\$59,217	\$64,768	\$64,769	\$74,020
Add for Each Additional Person	\$3,740	\$4,301		\$4,862		\$5,423		\$5,984		\$6,545		\$7,480	
Patient Percentage of Payment	0%	15%		30%		45%		60%		75%		100%	

*Discount Schedule based on FPL for 2008 Annual Income

# of Family Members	Level I	Level II		Level III		Level IV		Level V		Level VI		Level VII	
	0 to 100% of Poverty	125% of Poverty		150% of Poverty		175% of Poverty		200% of Poverty		225% of Poverty		250% of Poverty	
	If Income is	If income is between		If income is between		If income is between		If income is between		If income is between		If income is between	
1	\$903	\$904	\$1,038	\$1,039	\$1,173	\$1,174	\$1,309	\$1,310	\$1,444	\$1,445	\$1,579	\$1,580	\$1,805
2	\$1,214	\$1,215	\$1,396	\$1,397	\$1,578	\$1,579	\$1,761	\$1,762	\$1,943	\$1,944	\$2,125	\$2,126	\$2,428
3	\$1,526	\$1,527	\$1,755	\$1,756	\$1,984	\$1,985	\$2,212	\$2,213	\$2,441	\$2,442	\$2,670	\$2,671	\$3,052
4	\$1,838	\$1,839	\$2,113	\$2,114	\$2,389	\$2,390	\$2,664	\$2,665	\$2,940	\$2,941	\$3,216	\$3,217	\$3,675
5	\$2,149	\$2,150	\$2,472	\$2,473	\$2,794	\$2,795	\$3,116	\$3,117	\$3,439	\$3,440	\$3,761	\$3,762	\$4,298
6	\$2,461	\$2,462	\$2,830	\$2,831	\$3,199	\$3,200	\$3,568	\$3,569	\$3,937	\$3,938	\$4,306	\$4,307	\$4,922
7	\$2,773	\$2,774	\$3,188	\$3,189	\$3,604	\$3,605	\$4,020	\$4,021	\$4,436	\$4,437	\$4,852	\$4,853	\$5,545
8	\$3,084	\$3,085	\$3,547	\$3,548	\$4,009	\$4,010	\$4,472	\$4,473	\$4,935	\$4,936	\$5,397	\$5,398	\$6,168
Add for Each Additional Person	\$312	\$358		\$405		\$452		\$499		\$545		\$623	
Patient Percentage of Payment	0%	15%		30%		45%		60%		75%		100%	

*Discount Schedule Based on FPL for 2008, Monthly Income

**Mary's Center for Maternal and Child Care
Schedule of Discounts**

# of Family Members	Level I	Level II		Level III		Level IV		Level V		Level VI		Level VII	
	0 to 100% of Poverty	125% of Poverty		150% of Poverty		175% of Poverty		200% of Poverty		225% of Poverty		250% of Poverty	
	If Income is	If income is between		If income is between		If income is between		If income is between		If income is between		If income is between	
1	\$208	\$209	\$240	\$241	\$271	\$272	\$302	\$303	\$333	\$334	\$364	\$365	\$417
2	\$280	\$281	\$322	\$323	\$364	\$365	\$406	\$407	\$448	\$449	\$490	\$491	\$560
3	\$352	\$353	\$405	\$406	\$458	\$459	\$511	\$512	\$563	\$564	\$616	\$617	\$704
4	\$424	\$425	\$488	\$489	\$551	\$552	\$615	\$616	\$678	\$679	\$742	\$743	\$848
5	\$496	\$497	\$570	\$571	\$645	\$646	\$719	\$720	\$794	\$795	\$868	\$869	\$992
6	\$568	\$569	\$653	\$654	\$738	\$739	\$823	\$824	\$909	\$910	\$994	\$995	\$1,136
7	\$640	\$641	\$736	\$737	\$832	\$833	\$928	\$929	\$1,024	\$1,025	\$1,120	\$1,121	\$1,280
8	\$712	\$713	\$818	\$819	\$925	\$926	\$1,032	\$1,033	\$1,139	\$1,140	\$1,246	\$1,247	\$1,423
Add for Each Additional Person	\$72	\$83		\$94		\$104		\$115		\$126		\$144	
Patient Percentage of Payment	0%	15%		30%		45%		60%		75%		100%	

*Discount Schedule Based on FPL for 2008, Weekly Income