Skagit Regional Health
Таблица скользящей шкалы оплаты
Действительна с 1 января 2023 г.

Размер семьи	Менее, чем	Более, чем										
1	$14,580	$14,580	$21,870	$21,871	$29,160	$29,161	$43,740	$43,741	$58,320	$58,321	$72,900	$72,901
2	$19,720	$19,720	$29,580	$29,581	$39,440	$39,441	$59,160	$59,161	$78,880	$78,881	$98,600	$98,601
3	$24,860	$24,860	$37,290	$37,291	$49,720	$49,721	$74,580	$74,581	$99,440	$99,441	$124,300	$124,301
4	$30,000	$30,000	$45,000	$45,001	$60,000	$60,001	$90,000	$90,001	$120,000	$120,001	$150,000	$150,001
5	$35,140	$35,140	$52,710	$52,711	$70,280	$70,281	$105,420	$105,421	$140,560	$140,561	$175,700	$175,701
6	$40,280	$40,280	$60,420	$60,421	$80,560	$80,561	$120,840	$120,841	$161,120	$161,121	$201,400	$201,401
7	$45,420	$45,420	$68,130	$68,131	$90,840	$90,841	$136,260	$136,261	$181,680	$181,681	$227,100	$227,101
8	$50,560	$50,560	$75,840	$75,841	$101,120	$101,121	$151,680	$151,681	$202,240	$202,241	$252,800	$252,801
9	$55,700	$55,700	$83,550	$83,551	$111,400	$111,401	$167,100	$167,101	$222,800	$222,801	$278,500	$278,501
10	$60,840	$60,840	$91,260	$91,261	$121,680	$121,681	$182,520	$182,521	$243,360	$243,361	$304,200	$304,201

Финансовая ответственность пациента	0%	0%	0%	25%	70%	80%	100%
% ФПЛ		150%	200%	300%	400%	500%	