

**Skagit Regional Health
Sliding Payment Schedule
2018**

Family Size	Less Than	More Than										
1	12,140	12,140	18,210	18,210	24,280	24,280	36,420	36,420	48,560	48,560	60,700	60,700
2	16,460	16,460	24,690	24,690	32,920	32,920	49,380	49,380	65,840	65,840	82,300	82,300
3	20,780	20,780	31,170	31,170	41,560	41,560	62,340	62,340	83,120	83,120	103,900	103,900
4	25,100	25,100	37,650	37,650	50,200	50,200	75,300	75,300	100,400	100,400	125,500	125,500
5	29,420	29,420	44,130	44,130	58,840	58,840	88,260	88,260	117,680	117,680	147,100	147,100
6	33,740	33,740	50,610	50,610	67,480	67,480	101,220	101,220	134,960	134,960	168,700	168,700
7	38,060	38,060	57,090	57,090	76,120	76,120	114,180	114,180	152,240	152,240	190,300	190,300
8	42,380	42,380	63,570	63,570	84,760	84,760	127,140	127,140	169,520	169,520	211,900	211,900
9	46,700	46,700	70,050	70,050	93,400	93,400	140,100	140,100	186,800	186,800	233,500	233,500
10	51,020	51,020	76,530	76,530	102,040	102,040	153,060	153,060	204,080	204,080	255,100	255,100

Patient Responsibility	0%	15%	30%	50%	70%	80%	100%
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% FPL

150%

200%

300%

400%

500%