

# IRMC

## PHYSICIAN GROUP

### THE COMMUNITY'S CHOICE

#### WE-CARE INCOME GUIDELINES

IRMC Physician Group's We – Care Program helps eligible persons receive health care services at no cost or reduced cost, depending on their family income. Please see the following income range table to determine your eligibility and share of covered charges.

If your income is less than or equal to the amount in Category A, you are eligible for no-cost health care services. These figures are defined by the Department of Health and Human Services guidelines for the period of January 1, 2015 - December 31, 2015.

The patient's percentage share of care is as follows:

Category A:	100 percent
Category B:	75 percent
Category C:	50 percent
Category D:	25 percent

For your convenience, an IRMC Physician Group representative will make a written determination of your eligibility for the We – Care Program within five (5) working days of your request.

	<b>CATEGORY A</b>	<b>CATEGORY B</b>	<b>CATEGORY C</b>	<b>CATEGORY D</b>
Family Size	Less than or equal to	Less than or equal to	Less than or equal to	Less than or equal to
1	\$11,490.00	\$22,980.00	\$34,4700.00	\$45,960.00
2	\$15,510.00	\$31,020.00	\$46,530.00	\$62,040.00
3	\$19,530.00	\$39,060.00	\$58,590.00	\$78,120.00
4	\$23,550.00	\$47,100.00	\$70,650.00	\$94,200.00
5	\$27,570.00	\$55,140.00	\$82,710.00	\$110,280.00
6	\$31,590.00	\$63,180.00	\$94,770.00	\$126,360.00
7	\$35,610.00	\$71,220.00	\$106,830.00	\$142,440.00
8	\$39,630.00	\$79,260.00	\$118,890.00	\$158,520.00
<b>For each additional person add</b>	<b>\$4020</b>	<b>\$7,640</b>	<b>\$11,460</b>	<b>\$15,280</b>