Heart of the Rockies Regional Medical Center2020 Sliding Fee Schedule

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)													
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200 %	
Family Size		DISCOU NT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%	
1	12,490	13,739	14,988	16,237	17,486	18,735	19,984	21,233	22,482	23,731	24,980	24,981 +	
2	16,910	18,601	20,292	21,983	23,674	25,365	27,056	28,747	30,438	32,129	33,820	33,821	
3	21,330	23,463	25,596	27,729	29,862	31,995	34,128	36,261	38,394	40,527	42,660	42,661 +	
4	25,750	28,325	30,900	33,475	36,050	38,625	41,200	43,775	46,350	48,925	51,500	51,501 +	
5	30,170	33,187	36,204	39,221	42,238	45,255	48,272	51,289	54,306	57,323	60,340	60,341	
6	34,590	38,049	41,508	44,967	48,426	51,885	55,344	58,803	62,262	65,721	69,180	69,181	
7	39,010	42,911	46,812	50,713	54,614	58,515	62,416	66,317	70,217	74,119	78,020	78,021 +	
8	43,430	47,773	52,116	56,459	60,802	65,145	69,488	73,831	78,174	82,517	86,860	86,861	
For each additional person, add	4,420	4,862	5,304	5,746	6,188	6,630	7,072	7,514	7,956	8,398	8,840	8,840	

^{*} Based on 2019 Federal Poverty Guidelines.

