



## Community Discount Program *For Cuyahoga County Residents*

MetroHealth offers discounts to patients who have no insurance, depending on financial need. The program encourages patients to have a primary care provider who can work as a partner to make sure patients receive the right care at the right time in the right place.

### Guiding Principles of the MetroHealth Community Discount Program

- You must meet residency requirements.
- If you have no health insurance, you may qualify for substantially discounted care for medically necessary services.
- Discounts are based on family size and income (see reverse side).
- Largest discounts are available to individuals and families below 200% of the federal poverty level.
- Discounts also available to individuals and families between 200% and 400% of federal poverty levels (see reverse side).
- Payment at time-of-service is required at all physician visits within The MetroHealth System (see reverse side).
- Financial counselors are available at all sites to provide assistance.

### When is your eligibility for the discount program determined?

- Before you see the doctor, have a procedure or are admitted for an elective service.
- After an emergency service is provided and before any follow-up care is scheduled.
- Financial counselors at all community health centers and on main campus determine if you are qualified.

### What kind of services are covered by the discount program?

- Medically necessary hospital and physician services provided by MetroHealth
- Discounted prescription drugs included in the MetroHealth formulary.
- Discounted medically necessary dental services for children and adults.
- Discounted services at MetroHealth are offered if the service is not available at the referring hospital or physician office.
- Discount program does not apply to elective procedures or admissions. Pre-payment may be required to schedule elective procedures or admissions.

**Does MetroHealth make any special accommodation for catastrophic situations?** Yes, if your MetroHealth medical bills exceed 25% of the annual family household income, there is an additional discount for medically necessary services tailored to the individual situation.

**Are there any other discounts available to patients without insurance?** Yes, a patient can receive a 10% discount on a hospital stay, procedures, diagnostic tests, or other technical charges, if full payment is received within 30 days of billing.

## Time-of-Service Payments

	Up to <b>200%</b> FPL	Up to <b>300%</b> FPL	Up to <b>400%</b> FPL
Physician Visit	\$5	\$15	\$30
ER - Urgent/Emergency	\$10	\$25	\$50
ER - Non-Emergency	\$75	\$75	\$75
Outpatient Procedure	\$10	\$25	\$50
Hospital Admission	\$15	\$45	\$90

Non-Cuyahoga County residents are not eligible for the Community Discount Program.

## Eligibility Income Levels

Family Size	Up to <b>200%</b> FPL	Up to <b>300%</b> FPL	Up to <b>400%</b> FPL
1	21,660	32,490	43,320
2	29,140	43,710	58,280
3	36,620	54,930	73,240
4	44,100	66,150	88,200
5	51,580	77,370	103,160
6	59,060	88,590	118,120
7	66,540	99,810	133,080
8	74,020	111,030	148,040
9	81,500	122,250	163,000
10	88,980	133,470	177,960

\* FPL = Federal Poverty Levels 2009