



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 200% FPL	Up to 300% FPL	Up to 400% 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.



Community Discount Program Eligibility Income Levels			
Plan 100	Plan 200	Plan 300	Plan 400

Family Size	Up to 100% of Poverty	Up to 200% of Poverty	Up to 300% of Poverty	Up to 400% of Poverty
1	\$11,170	\$22,340	\$33,510	\$44,680
2	\$15,130	\$30,260	\$45,390	\$60,520
3	\$19,090	\$38,180	\$57,270	\$76,360
4	\$23,050	\$46,100	\$69,150	\$92,200
5	\$27,010	\$54,020	\$81,030	\$108,040
6	\$30,970	\$61,940	\$92,910	\$123,880
7	\$34,930	\$69,860	\$104,790	\$139,720
8	\$38,890	\$77,780	\$116,670	\$155,560
9	\$42,850	\$85,700	\$128,550	\$171,400
10	\$46,810	\$93,620	\$140,430	\$187,240

Federal Poverty Guidelines published in the Federal Register dated Thursday, January 26, 2012. Eligibility for Ohio Hospital Care Assurance Program (HCAP) is up to 100% FPL.