



**Appendix B**  
**Basis for Calculating Amounts Charged to Patients**

Patients eligible for awards of income-based financial assistance under the Policy will receive assistance according to the following income criteria:

If you are a United States citizen, your Household Income is at or below 150% of the Federal Poverty Guidelines (FPG) and you do not have assets in excess of \$50,000, you will receive 100% financial assistance.

2025 HHS POVERTY GUIDELINES	
Persons in Family Unit	FPG 100%
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150

\*The FPG applied will be the FPG in effect as of October 1 of Cabell Huntington Hospital's current fiscal year.

Cabell Huntington Hospital utilizes the Look Back method to determine the "amounts generally billed" (AGB) to individuals who have insurance covering Emergency Services or other Medically Necessary Care. The AGB percentage applicable as of 10/01/2024 is 28.33% resulting in a discount of 71.67% applied to gross charges.

The percentage was calculated using claims allowed by both private pay insurers (including Medicare Advantage) and Medicare (Traditional) for both inpatient and outpatient services having discharge dates from October 1, 2023 to September 30, 2024. Total allowable charge for claims divided by total billed charges for such claims.