

Addendum to Financial Assistance Policy

(from Section II, Part D)

Limitations on Charges – Amounts Generally Billed (AGB)

The hospital will not charge any individual who is eligible for assistance under its financial assistance policy for emergency and medically necessary care more than the “amount generally billed” to individuals who have insurance for such care. For this purpose the “amount generally billed” is determined using the following method:

The “amount generally billed” (or AGB) is calculated on an annual basis using the average of the allowed amounts from Medicare Fee for Service and contracted rates for all private insurers. Patients eligible for assistance under this policy will pay the lower of the AGB or amount billed for patients with balances after assistance. The AGB rate for fiscal year 2018 (October 2017 through September 2018) is **56%** of the gross charges or a discount of **44%**.