



# UNIVERSAL PRIMARY CARE

**SOUTHERN TIER COMMUNITY HEALTH CENTER NETWORK** • (716) 375-7500 • WWW.UPCHEALTH.NET  
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 OLEAN, N.Y. 14760 CUBA, N.Y. 14727 HOUGHTON, N.Y. 14744 SALAMANCA, N.Y. 14779 BRADFORD, P.A. 16701

## Schedule of Free Care

Based on 2021 Poverty Guidelines

To be eligible for uncompensated services, your family income must be at or below the following levels

| Slide Type           |    | A                             | B               |                       | C               |                       | D               |                       | E               |                       | F                               |
|----------------------|----|-------------------------------|-----------------|-----------------------|-----------------|-----------------------|-----------------|-----------------------|-----------------|-----------------------|---------------------------------|
| Percent of Poverty   |    | ≤100%                         | >100%-125%      |                       | >126%-150%      |                       | >151%-175%      |                       | 176%-200%       |                       | >200%                           |
|                      |    | Less than or equal to poverty | Income at least | Less than or equal to | Income at least | Less than or equal to | Income at least | Less than or equal to | Income at least | Less than or equal to | Income equal to or greater than |
| <b>Family Size</b>   | 1  | \$12,880                      | \$12,881        | \$16,100              | \$16,101        | \$19,320              | \$19,321        | \$22,540              | \$22,541        | \$25,760              | \$ 25,761                       |
|                      | 2  | \$17,420                      | \$17,421        | \$21,775              | \$21,776        | \$26,130              | \$26,131        | \$30,485              | \$30,486        | \$34,840              | \$ 34,841                       |
|                      | 3  | \$21,960                      | \$21,961        | \$27,450              | \$27,451        | \$32,940              | \$32,941        | \$38,430              | \$38,431        | \$43,920              | \$ 43,921                       |
|                      | 4  | \$26,500                      | \$26,501        | \$33,125              | \$33,126        | \$39,750              | \$39,751        | \$46,375              | \$46,376        | \$53,000              | \$ 53,001                       |
|                      | 5  | \$31,040                      | \$31,041        | \$38,800              | \$38,801        | \$46,560              | \$46,561        | \$54,320              | \$54,321        | \$62,080              | \$ 62,081                       |
|                      | 6  | \$35,580                      | \$35,581        | \$44,475              | \$44,476        | \$53,370              | \$53,371        | \$62,265              | \$62,266        | \$71,160              | \$ 71,161                       |
|                      | 7  | \$40,120                      | \$40,121        | \$50,150              | \$50,151        | \$60,180              | \$60,181        | \$70,210              | \$70,211        | \$80,240              | \$ 80,241                       |
|                      | 8  | \$44,660                      | \$44,661        | \$55,825              | \$55,826        | \$66,990              | \$66,991        | \$78,155              | \$78,156        | \$89,320              | \$ 89,321                       |
|                      | 9  | \$49,200                      | \$49,201        | \$61,500              | \$61,501        | \$73,800              | \$73,801        | \$86,100              | \$86,101        | \$98,400              | \$ 98,401                       |
|                      | 10 | \$53,740                      | \$53,741        | \$67,175              | \$67,176        | \$80,610              | \$80,611        | \$94,045              | \$94,046        | \$107,480             | \$ 107,481                      |
| <b>Slide Type</b>    |    | <b>A</b>                      | <b>B</b>        | <b>C</b>              | <b>D</b>        | <b>E</b>              | <b>F</b>        |                       |                 |                       |                                 |
| Medical Patient Pays |    | \$0                           | \$20            | \$40                  | \$60            | \$80                  | No discount     |                       |                 |                       |                                 |
| Dental Patient Pays  |    | \$0                           | \$40            | \$60                  | \$80            | \$100                 | No discount     |                       |                 |                       |                                 |