

Family or household Size	100% of 2025 FPG	200% of 2025 FPG	300% of 2025 FPG	400% of 2025 FPG	600% of 2025 FPG
	Free Care	Free Care	75% Discount	75% Discount	75%* Discount
1	\$15,650	\$31,300	\$46,950	\$62,600	\$93,900
2	\$21,150	\$42,300	\$63,450	\$84,600	\$126,900
3	\$26,650	\$53,300	\$79,950	\$106,600	\$159,900
4	\$32,150	\$64,300	\$96,450	\$128,600	\$192,900
5	\$37,650	\$75,300	\$112,950	\$150,600	\$225,900
6	\$43,150	\$86,300	\$129,450	\$172,600	\$258,900
7	\$48,650	\$97,300	\$145,950	\$194,600	\$291,900
8*	\$54,150	\$108,300	\$162,450	\$216,600	\$324,900

\* Add \$5,500 for each additional person above 8 household occupants

\*\* The foregoing discount percentage has been established in a manner intended to comply with both (i) Illinois MHHC Uninsured Patient Discount Act, which limits amounts that may be billed to the patient to 135% of MHHCMHHC's costs, and (ii) applicable Federal law, which provides that MHHCMHHC may not bill a patient eligible for financial assistance more than the amounts generally billed ("AGB") by MHHC to patients who have insurance covering such care. MHHC has calculated its AGB using the look-back method set forth in applicable Treasury Regulations, considering amounts paid by Medicare and commercial payors. Such calculation resulted in the following: