

ATLANTIC GENERAL HOSPITAL/HEALTH SYSTEM
POLICY AND PROCEDURE

TITLE: FINANCIAL ASSISTANCE POLICY

DEPARTMENT: PATIENT FINANCIAL SERVICES

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Signature:

Vice President, Finance

Director, Patient Financial Services
Author

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9/6/18, 02/05/2021
Board of Trustees

Finance Committee

POLICY:

It is the policy of Atlantic General Hospital/Health System (AGH/HS) to provide medically necessary services without charge or at a reduced cost to all eligible patients who lack healthcare coverage or whose healthcare coverage does not pay the full cost of their bill for AGH/HS services. The intent of this policy is to ensure access to AGH/HS services regardless of an individual's ability to pay, and to provide those services on a charitable basis to qualified indigent persons consistent with this policy. Financial Assistance (FA) is granted after all other avenues have been exhausted, including, but not limited to Medical Assistance, private funding, grant programs, credit cards, and/or payment arrangements. FA applies only to bills related to services provided by the AGH/HS. Fees for healthcare and professional services that are not provided by AGH/HS are not included in this policy. Emergent and urgent services, including those services provided at the AGH ambulatory surgery facility, may be considered for FA. All hospital regulated services will be charged consistently as established by the Health Services Cost Review Commission (HSCRC), and the amounts generally billed (AGB). All patients requesting charity care services from an AGHS provider in an unregulated area will be charged the fee schedule plus the

standard mark-up, unless a final determination of eligibility for FA is made for services provided to a qualified indigent individual consistent with the procedures set forth below. A roster of providers that deliver emergent, urgent, and other medically necessary care is updated quarterly and available on the hospital website at www.atlanticgeneral.org, indicating which providers are covered and which are not under the FA policy. This information is also available by calling a Financial Counselor at (410) 629-6025. The patient must have a valid social security number, valid green card or valid visa. A patient's payment for reduced-cost care for AGH shall not exceed the amount generally billed (AGB) as determined by the Health Services Cost Review Commission (HSCRC).

Definitions:

Emergent Care: An emergency accident, meaning a sudden external event resulting in bodily injury, or an emergency illness, meaning the sudden onset of acute symptoms of such severity that the absence of immediate attention may result in serious medical consequences.

Medical Necessity: Inpatient or outpatient healthcare services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms, which otherwise left untreated, would pose a threat to the ongoing health status. Services must:

- Be clinically appropriate and within generally accepted medical practice standards
- Represent the most appropriate and cost effective supply, device or service that can be safely provided and readily available with a primary purpose other than patient or provider convenience.

Immediate Family: A family unit is defined as all exemptions on the income tax return for the individual completing the application, whether or not they were the individual filing the return or listed as a spouse or dependent. For homeless persons or in the event that a family member is not obtainable, the family unit size will be assumed to be one. If a tax return has not been filed, then income from all members living in the household must be submitted.

Post-Discharge Billing Statement: The first billing statement after the discharge date of an Inpatient or the service date of an outpatient.

Medical Hardship: Medical debt incurred by a family over the course of the previous twelve months that exceeds 25% of the family's income. The hospital will provide reduced-cost, medically necessary care to patients with family income at or below 500% of the Federal Poverty Level.

Liquid Assets: Cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc. The availability of liquid assets plus annual income may be considered in relation to the current poverty guidelines published in the Federal Register.

Medical Debt: Out of pocket expenses, excluding copayments, coinsurance and deductibles, for medical costs for medical costs by AGH/HS.

Extraordinary Collection Actions (ECA): Any legal action and/or reporting the debt to a consumer reporting agency.

Plain Language Summary: A summary of the Financial Assistance Policy which includes information on how to apply, appeal, and how to obtain additional information.

Income: The amount of income as defined on the tax returns, pay stubs, social security award letter, unemployment report, etc.

Procedures:

The Maryland State Uniform FA application, (Attachment 1) the AGH/HS FA policy, Collection policy and the Plain Language Summary (PLS) are available in English and Spanish. No other language constitutes a group that is 5% or more of the hospital service area based on Worcester County population demographics as listed by the U.S. Census Bureau. The policies, application, and PLS can be obtained free of charge in English and in Spanish by one of the following ways:

1. Available upon request by calling (410) 629-6025.
2. Applications are located in the registration areas and AGHS Offices
3. Downloaded from the hospital website;
www.atlanticgeneral.org/FAP
4. The PLS is inserted in the Admission packet
5. FA language is included on all the patient's statement and includes the telephone number to call and request a copy and the website address where copies may be obtained.
6. FA notification signs are posted in the main registration areas
7. An annual notification is posted in the local newspaper
8. Patients who have difficulty in completing the application can orally provide the information
9. The PLS is sent with each collection statement.

No ECA will be taken within 120 days of the first post-discharge billing statement. A message will be on the statement thirty days prior to initiating ECA notifying the patient. During the 120 day period, the patient will be reminded of the FA program during normal collection calls. If the application is ineligible, normal collection actions will resume, which includes notifying the agency if applicable to proceed with ECA efforts. If the application is received within 240 days of the first post-discharge billing statement, and the account is with a collection agency, the agency will be notified to suspend all Extraordinary

Collection Actions (ECA) until the application and all appeal rights have been processed. A list of approved ECA actions may be found in the Credit and Collection Policy. The patient may appeal a denied application by submitting a letter to the Director of Patient Financial Services indicating the reason for the request.

If the FA application is submitted incomplete, any ECA efforts that have been taken will be suspended for 30 calendar days and assistance will be provided to the patient in order to get the application completed. A written notice that describes the additional information and/or documentation required will be mailed which includes a phone contact to call for assistance.

Approved FA applies to all applicable open balances at the time the application is approved, and shall remain in effect for future medically necessary services for 6 months. For patients that have paid \$5.00 or more, and within a two-year period was found to be eligible for FA at 100%, any amount paid exceeding \$5.00 shall be refunded.

Within two business days following a patient's request for charity care services, application for medical assistance, or both, AGH/HS shall make a determination of probable eligibility and communicate the determination to the patient and/or the patient's representative. The determination of probable eligibility will be made on the basis of an interview with the patient and/or the patient's representative. The interview will cover family size, insurance and income. The determination of probable eligibility will be made based on the information provided in the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made. A final eligibility determination for charity care for qualified indigent persons will be provided in writing within 2 business days of receipt of a completed application for FA.

Automatic Eligibility:

If the patient is enrolled in a means-tested program, the application is approved for 100% FA on a presumptive basis, not requiring supporting financial data. Examples of a means-tested program are reduced/free school lunches, food stamps, energy and housing assistance, out of state Medicaid, WIC, and the Specified Low Income Beneficiary Program. The patient is responsible for providing proof of eligibility.

FA will be granted for a deceased patient with no estate.

Patients approved under any Federal or State Grant are eligible for FA for the balance over the grant payment.

FA may be approved based on their propensity to pay credit scoring.

Eligibility Consideration:

Generally only income and family size will be considered in approving applications for FA. Liquid assets such as rental properties, stocks, bonds, CD's, and money market funds will be considered if one of the following scenarios occurs:

1. The amount requested is greater than \$20,000
2. The tax return shows a significant amount of interest income
3. The patient has a savings or checking account greater than \$10,000
4. If the patient/guarantor is self-employed, a current tax return may be required
5. If AGH/HS has reason to believe the information is unreliable or incorrect, or obtained under duress, or through the use of coercive practices, FA may be denied.

The following assets are excluded:

1. The first \$10,000 of monetary assets
2. Up to \$150,000 in a primary residence
3. Certain retirement benefits such as a 401K where the IRS has granted preferential tax treatment as a retirement account including but not limited to deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans where the patient potentially could pay taxes and/or penalties by cashing in the benefit.

FA approval is based on the following income level:

- 0% to 200% of the Federal Poverty Guideline – 100% reduction for Medically Necessary care
- Between 201% and 225% of the Federal Poverty Guidelines – Reduced cost Medically Necessary care at 75%
- Between 226% and 250% of the Federal Poverty Guidelines - Reduced cost Medically Necessary care at 50%
- Between 251% and 300% of the Federal Poverty Guidelines - Reduced cost care Medically Necessary care at 25%

Medical Hardship is based on the following income level:

- 0% to 200% of the Federal Poverty Guideline – 100% reduction for Medically Necessary care
- Between 201% and 300% of the Federal Poverty Guidelines – Reduced cost Medically Necessary care at 75%
- Between 301% and 400% of the Federal Poverty Guidelines - Reduced cost Medically Necessary care at 50%
- Between 401% and 500% of the Federal Poverty Guidelines - Reduced cost care Medically Necessary care at 25%

- An interest-free payment plan option will be offered to all with a family income between 200 and 500 percent of the federal poverty level upon request.

If the patient qualifies for both reduced cost-care and Medical Hardship, the reduction that is most favorable to the patient will be applied. The Federal Poverty Guideline, family size, and income level can be referenced on Attachment 2.

This policy may not be changed without the approval of the Board of Trustees. Furthermore, this policy must be reviewed by the Board and re-approved at least every two years.



2022

***Financial
Assistance
Application***

Atlantic General Hospital

ATTN: Financial Assistance, Box # 66

9733 Healthway Drive

Berlin, MD 21811-1155

410-629-6025 Office

410-641-9210 Fax

www.atlanticgeneral.org



Financial Assistance Summary Plain Language Summary

Patient's Obligations and Rights regarding Hospital bills

For patients with the ability to pay, it is their obligation to pay their bill in a timely manner. If they fail to meet this obligation, they may be referred to a collection agency. If a patient believes they have been wrongly referred to a collection agency, they have the right to contact the hospital for more information at [410-641-9101](tel:410-641-9101). If a patient is uninsured or underinsured, financial assistance (FA) may be available. There are certain criteria that must be met in order to qualify for FA. If a patient applies for FA, it is their responsibility to provide all required information and supporting documents to the hospital so that their eligibility can be determined. Partial or full financial assistance will be granted based on the patient's ability to pay the billed charges. The information below summarizes Atlantic General Hospital's Financial Assistance Policy. For more information regarding FA, please call [410-629-6025](tel:410-629-6025) or visit the AGH website: <http://www.atlanticgeneral.org/fap>

Overview

It is the policy of Atlantic General Hospital/Health System to provide medically necessary services without charge or at a reduced cost to all eligible persons, who are unable to pay, according to the Hospital's guidelines. Atlantic General Hospital defines all emergency room care as medically necessary even though decisions by insurance companies may be in conflict with this decision.

A FA eligible individual may not be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care. Eligibility for financial assistance is based on several factors, including income (see Federal Poverty Level guidelines below), household size, assets and any special consideration that the patient would like to have considered.

Patients may be eligible for Medical Assistance or other public assistance. Patients can apply at their local Department of Social Services or online. Information and applications are available at the following state websites: <https://health.maryland.gov> (MD), <https://dhss.delaware.gov/dhss/dss/medast.html> (DE), <https://www.dmas.virginia.gov/for-applicants> (VA). Maryland residents might be able to apply for assistance with MD Children's Health Program if the assistance is for a child or a pregnant woman. Patients may also apply for Qualified Medicare Beneficiary (QMB) or Specified Low Income Medicare (SLMB) programs if they need assistance with Medicare premiums.

Physician services provided during your stay will be billed separately and are not included on your hospital billing statement.

Am I eligible?

AGH bases Financial Assistance on the patient's income level falling within these ranges:

- 0% to 200% of the Federal Poverty Guideline - 100% reduction for Medically Necessary care
- Between 201% and 225% of the Federal Poverty Guidelines - Reduced cost Medically Necessary care at 75%
- Between 226% and 250% of the Federal Poverty Guidelines - Reduced cost Medically Necessary care at 50%
- Between 251% and 300% of the Federal Poverty Guidelines - Reduced cost care Medically Necessary care at 25%

An application is deemed eligible for 100% Financial Assistance if a patient is enrolled in a means tested program such as:

- Reduced/free school lunches
- SNAP (food stamps)
- MEAP (energy assistance)
- WIC

There are other circumstances where Financial Assistance may automatically apply. Please contact [410-629-6025](tel:410-629-6025) for more information.

How can I apply?

The uniform financial assistance application can be found online at: <http://www.atlanticgeneral.org/fap>. This application can also be obtained at any Atlantic General Hospital Registration area (9733 Healthway Drive, Berlin, MD 21811) or the Patient Accounting Office (10026 Old Ocean City Blvd, Unit 6, Berlin, Maryland 21811). This form, the FA application and FA policy are available upon request and free of charge. These forms are also available in Spanish and Large Print.

If you would like to file a complaint against Atlantic General Hospital for an alleged violation of its financial assistance policy, contact the Health Services Cost Review Commission at hsrc.patient-complaints@maryland.gov.

INCOME GUIDELINES
Effective 01-12-2022

Table 1

Income Scale for AGH Financial Assistance based on Federal Poverty Guidelines

Financial Assistance (FA) %		100%	75%	50%	25%
Persons in Family / Household	2022 Income based on Federal Poverty Guidelines	Income Multiple			
		Up to 200%	201% up to 225%	226% up to 250%	251% - 300%
1	\$13,590	\$27,180	\$30,578	\$33,975	\$40,770
2	\$18,310	\$36,620	\$41,198	\$45,775	\$54,930
3	\$23,030	\$46,060	\$51,818	\$57,575	\$69,090
4	\$27,750	\$55,500	\$62,438	\$69,375	\$83,250
5	\$32,470	\$64,940	\$73,058	\$81,175	\$97,410
6	\$37,190	\$74,380	\$83,678	\$92,975	\$111,570
7	\$41,910	\$83,820	\$94,298	\$104,775	\$125,730
8	\$46,630	\$93,260	\$104,918	\$116,575	\$139,890
For families/households with more than 8 persons, add \$4,720 for each additional person					

Table 2

Income Scale for AGH Medical Hardship Assistance based on Federal Poverty Guidelines

Financial Assistance (FA) %		100%	75%	50%	25%
Persons in Family / Household	2022 Income based on Federal Poverty Guidelines	Income Multiple			
		Up to 200%	300%	400%	500%
1	\$13,590	\$27,180	\$40,770	\$54,360	\$67,950
2	\$18,310	\$36,620	\$54,930	\$73,240	\$91,550
3	\$23,030	\$46,060	\$69,090	\$92,120	\$115,150
4	\$27,750	\$55,500	\$83,250	\$111,000	\$138,750
5	\$32,470	\$64,940	\$97,410	\$129,880	\$162,350
6	\$37,190	\$74,380	\$111,570	\$148,760	\$185,950
7	\$41,910	\$83,820	\$125,730	\$167,640	\$209,550
8	\$46,630	\$93,260	\$139,890	\$186,520	\$233,150
For families/households with more than 8 persons, add \$4,720 for each additional person					

* Atlantic General Hospital's Medical Hardship provision applies to patients whose household income is between 0% - 500% of the Federal Poverty Guidelines. Medical Hardship is defined when the household's total Atlantic General Hospital bills exceed 25% of the household's annual family income. If the patient qualifies under both Table 1 and Table 2, the more favorable amount of financial assistance will be provided.

FINANCIAL ASSISTANCE PROGRAM – INFORMATION SHEET

Eligibility: A patient must have a valid social security number, visa, or green card, and meet the income guidelines. Patients must apply within 240 days from the first patient responsible bill received. If a patient appears eligible for State Medical Assistance, then he/she must apply and get the results before we can finalize his/her financial assistance application.

Determination: The financial assistance program is based on family size per the patient's federal tax return (1040), and the entire household's gross income for the past twelve (12) months. A patient and his/her claimed dependents are automatically approved for 100% financial assistance for medically necessary services, if the patient or a dependent show proof of a means tested program.

Check-List: Please return the below items as soon as possible.

OPTION # 1 Provide proof of a means tested program:

Type of Form	Notes
Proof of Means Tested Programs	Food stamps, Maryland Energy Assistance, WIC, SLMB, free or reduced school lunches, or housing assistance.

OPTION # 2 Provide all of the following financial information:

Type of Form	Notes
Federal Tax Return (Form 1040)	Most recently filed Federal Tax Return (Form 1040); we do not need your state tax return.
Proof of All Income for Everyone listed on the 1040 form	Last four (4) paystubs, and proof of social security, disability, pension, retirement, annuities, year-to-date unemployment, etc. If self-employed, provide a year-to-date profit and loss report.
Bank Statements	Statements for the last three (3) months of each account (checking, savings, money market, IRA, etc.)

IMPORTANT NOTE: We may request additional information at any time during the application process.

Submission: The application and supporting documents can be mailed to the address below. It can also be faxed to 410-641-9210, or dropped off at Atlantic General Hospital - Emergency Room Main Entrance, ATTN: Financial Assistance, Box # 66.

Atlantic General Hospital
ATTN: Financial Assistance, Box # 66
 9733 Healthway Drive
 Berlin, MD 21811

Last Steps: Once the financial assistance application and supporting documentation has been processed, a letter with the results will be mailed to the patient. Please note, if supporting documentation is missing the application will be placed on hold. Patients have three (3) weeks from the date the application is received to submit all remaining and necessary documents.

Regardless of financial assistance, patients are responsible for calling the number on the back of each bill received, to discuss options.

If you have any questions about the financial assistance program, please call our Financial Counselor at 410-629-6025.

Atlantic General Hospital's financial assistance program is not insurance. It covers bills from Atlantic General Hospital, Atlantic General Health System (doctors, surgeons, hospitalists, anesthesiologists, that are employed by AGH), and Atlantic General Hospital Corporation for medically necessary services. It does not include bills from other providers such as Emergency Service Associates, Delmarva Radiology, Peninsula Pathology, Delmarva Heart, etc. The patient must call these companies and inquire about their assistance programs.

FOR OFFICE USE ONLY – DATE REC'D: _____

Maryland State Uniform Financial Assistance Application

Information About You

Patient's Name: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Marital Status: Single Married Separated

Birthdate: _____ US Citizen: Yes No Permanent Resident: Yes No

Home Address: _____ Home Phone: _____
Street Address

City State Zip Code Country (Area Code) ### - ####

Employer: _____ Work Phone: _____
Employer Name

Street Address

City State Zip Code Country (Area Code) ### - ####

Household Members:

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied for Medical Assistance? Yes No
If yes, what was the date you applied? _____ / _____ / _____ (MM/DD/YY)

If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

Please return the completed application and required documents to:

Atlantic General Hospital
ATT: Financial Assistance, Box #66
9733 Healthway Drive
Berlin, MD 21811

If you have any questions about the financial assistance program,
please call our Financial Counselor at (410) 629-6025.

I. Family Income

List the amount of your **gross** monthly income from all sources. You may be required to supply proof of income, assets and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	<u>Monthly Amount</u>
Employment	_____
Retirement/Pension benefits	_____
Social Security benefits	_____
Public Assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self-employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	<u>Current Balance</u>
Checking account	_____
Savings account	_____
Stocks, bonds, CD or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value

Home:	Loan balance	_____	Approximate value	_____
Automobile:	Make:	_____	Year:	_____
Additional Vehicle:	Make:	_____	Year:	_____
Additional Vehicle:	Make:	_____	Year:	_____
Other Property:	_____		Approximate value	_____
				Total

IV. Monthly Expenses

	<u>Amount</u>
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within 10 days of the change.

Applicant Signature

Date

Relationship to Patient

2022 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Household/ Family Size	Per Year													
	25%	50%	75%	100%	125%	133%	135%	138%	150%	175%	180%	185%	200%	225%
1	\$3,398	\$6,795	\$10,193	\$13,590	\$16,988	\$18,075	\$18,347	\$18,754	\$20,385	\$23,783	\$24,462	\$25,142	\$27,180	\$30,578
2	\$4,578	\$9,155	\$13,733	\$18,310	\$22,888	\$24,352	\$24,719	\$25,268	\$27,465	\$32,043	\$32,958	\$33,874	\$36,620	\$41,198
3	\$5,758	\$11,515	\$17,273	\$23,030	\$28,788	\$30,630	\$31,091	\$31,781	\$34,545	\$40,303	\$41,454	\$42,606	\$46,060	\$51,818
4	\$6,938	\$13,875	\$20,813	\$27,750	\$34,688	\$36,908	\$37,463	\$38,295	\$41,625	\$48,563	\$49,950	\$51,338	\$55,500	\$62,438
5	\$8,118	\$16,235	\$24,353	\$32,470	\$40,588	\$43,185	\$43,835	\$44,809	\$48,705	\$56,823	\$58,446	\$60,070	\$64,940	\$73,058
6	\$9,298	\$18,595	\$27,893	\$37,190	\$46,488	\$49,463	\$50,207	\$51,322	\$55,785	\$65,083	\$66,942	\$68,802	\$74,380	\$83,678
7	\$10,478	\$20,955	\$31,433	\$41,910	\$52,388	\$55,740	\$56,579	\$57,836	\$62,865	\$73,343	\$75,438	\$77,534	\$83,820	\$94,298
8	\$11,658	\$23,315	\$34,973	\$46,630	\$58,288	\$62,018	\$62,951	\$64,349	\$69,945	\$81,603	\$83,934	\$86,266	\$93,260	\$104,918
9	\$12,838	\$25,675	\$38,513	\$51,350	\$64,188	\$68,296	\$69,323	\$70,863	\$77,025	\$89,863	\$92,430	\$94,998	\$102,700	\$115,538
10	\$14,018	\$28,035	\$42,053	\$56,070	\$70,088	\$74,573	\$75,695	\$77,377	\$84,105	\$98,123	\$100,926	\$103,730	\$112,140	\$126,158
11	\$15,198	\$30,395	\$45,593	\$60,790	\$75,988	\$80,851	\$82,067	\$83,890	\$91,185	\$106,383	\$109,422	\$112,462	\$121,580	\$136,778
12	\$16,378	\$32,755	\$49,133	\$65,510	\$81,888	\$87,128	\$88,439	\$90,404	\$98,265	\$114,643	\$117,918	\$121,194	\$131,020	\$147,398
13	\$17,558	\$35,115	\$52,673	\$70,230	\$87,788	\$93,406	\$94,811	\$96,917	\$105,345	\$122,903	\$126,414	\$129,926	\$140,460	\$158,018
14	\$18,738	\$37,475	\$56,213	\$74,950	\$93,688	\$99,684	\$101,183	\$103,431	\$112,425	\$131,163	\$134,910	\$138,658	\$149,900	\$168,638

	250%	275%	300%	325%	350%	375%	400%
1	\$33,975	\$37,373	\$40,770	\$44,168	\$47,565	\$50,963	\$54,360
2	\$45,775	\$50,353	\$54,930	\$59,508	\$64,085	\$68,663	\$73,240
3	\$57,575	\$63,333	\$69,090	\$74,848	\$80,605	\$86,363	\$92,120
4	\$69,375	\$76,313	\$83,250	\$90,188	\$97,125	\$104,063	\$111,000
5	\$81,175	\$89,293	\$97,410	\$105,528	\$113,645	\$121,763	\$129,880
6	\$92,975	\$102,273	\$111,570	\$120,868	\$130,165	\$139,463	\$148,760
7	\$104,775	\$115,253	\$125,730	\$136,208	\$146,685	\$157,163	\$167,640
8	\$116,575	\$128,233	\$139,890	\$151,548	\$163,205	\$174,863	\$186,520
9	\$128,375	\$141,213	\$154,050	\$166,888	\$179,725	\$192,563	\$205,400
10	\$140,175	\$154,193	\$168,210	\$182,228	\$196,245	\$210,263	\$224,280
11	\$151,975	\$167,173	\$182,370	\$197,568	\$212,765	\$227,963	\$243,160
12	\$163,775	\$180,153	\$196,530	\$212,908	\$229,285	\$245,663	\$262,040
13	\$175,575	\$193,133	\$210,690	\$228,248	\$245,805	\$263,363	\$280,920
14	\$187,375	\$206,113	\$224,850	\$243,588	\$262,325	\$281,063	\$299,800