

**EXHIBIT 1**

**Financial Assistance Guidelines**

2017 Federal Poverty Guidelines (FPG)

<b>Family or Household Size</b>	<b>100% FPG</b>	<b>150% FPG</b>	<b>200% FPG</b>	<b>250% FPG</b>	<b>300% FPG</b>	<b>400% FPG</b>
	<b><i>Free Care</i></b>	<b><i>70% Discount</i></b>	<b><i>60% Discount</i></b>	<b><i>50% Discount</i></b>	<b><i>40% Discount</i></b>	<b><i>30%**</i></b>
1	\$12,060	\$18,090	\$24,120	\$30,150	\$36,180	\$48,240
2	16,240	24,360	32,480	40,600	48,720	64,960
3	20,420	30,630	40,840	51,050	61,260	81,680
4	24,600	36,900	49,200	61,500	79,800	98,400
5	28,780	43,170	57,560	71,950	86,340	115,120
6	32,960	49,440	65,920	82,400	98,880	131,840
7	37,140	55,710	74,280	92,850	111,420	148,560
8*	41,320	61,980	82,640	103,300	123,960	165,280

\* Add \$4,160 for each additional person above 8 household occupants

\*\* The foregoing discount percentage has been established in a manner intended to comply with applicable Federal law, which provides that the Hospital may not bill a patient eligible for financial assistance more than the amounts generally billed (“AGB”) by the Hospital to patients who have insurance covering such care. The Hospital has calculated its AGB using the look-back method set forth in applicable Treasury Regulations, considering amounts paid by Medicare and commercial payors.

The Hospital will recalculate its AGB periodically (and at least annually) and, based thereon, may adjust the discount percentages set forth above. Any such adjustments will be effectuated through a revision to this **Addendum 3**.

Signed: \_\_\_\_\_