

## Healthy Neighborhood Health Plan

### Bland County Medical Clinic

Healthy Neighborhood Health Plan  
Fee Schedule Effective April 1 2009

	Type A	Type B	Type C	Type D	Type E
Co-pay	\$ 15	\$ 20	\$ 35	\$ 45	\$ 60
Family Size					
1	0~10,830	10,831~13,538	13,539~16,245	16,246~18,953	18,954~21,660
2	0~14,570	14,571~18,213	18,214~21,855	21,856~25,498	25,499~29,140
3	0~18,310	18,311~22,888	22,889~27,465	27,466~32,043	32,044~36,620
4	0~22,050	22,051~27,563	27,564~33,075	33,076~38,588	38,589~44,100
5	0~25,790	25,791~32,238	32,239~38,685	38,686~45,133	45,134~51,580
6	0~29,530	29,531~36,913	36,914~44,295	44,296~51,678	51,679~59,060
7	0~33,270	33,271~41,588	41,589~49,905	49,906~58,223	58,224~66,540
8	0~37,010	37,011~46,263	46,264~55,515	55,516~64,768	64,769~74,020

Every effort has been made to insure the correct limits of this chart.  
The limits do change.

If you are not sure of the proper income limit, please call Clinic for confirmation.