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Owner Brian Church: Sr. Vice President/CFO/CAO
Area Finance
Applicability All Phoebe Entities
Reference Policy
Tags

Financial Assistance Program

SCOPE:

This Policy applies to Phoebe Putney Health System (PPHS) hospital facilities and Phoebe Physician Group (PPG) providers providing care within PPHS facilities.

PURPOSE:

PPHS as a not-for-profit charitable corporation is committed to fulfilling the charitable mission of each hospital by providing high quality medical care to all patients in their service areas, regardless of their financial situation.

POLICY:

PPHS hospitals and PPG physicians shall provide financial assistance according to the PPHS Financial Assistance Program (FAP) policy for persons who have healthcare needs and are uninsured or under-insured, and otherwise unable to pay for medically necessary care based on their individual financial situation. Based on financial need, either reduced payments or free care may be available. The Financial Assistance Program is administered by the Revenue Cycle of each PPHS hospital and PPG, with authority and approval from the PPHS Board of Directors.

DEFINITIONS

Amounts Generally Billed (AGB): The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, determined in accordance with 26 C.F.R. § 1.501(r)-5(b). AGB is determined by dividing the sum of claims allowed by health insurers during the previous

fiscal year, by Medicare fee-for-service and all private health insurance, including payments and allowed amounts received from beneficiaries and insured patients, by the sum of the associated gross charges for those claims.

Applicant: Applicant may include the patient, the guarantor of a patient's financial account, or a designated patient's representative such as a legal guardian.

Family: A group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together. All such people (including related subfamily members) are considered as members of one family. PPHS will also accept non-related household members when calculating family size.

Financial Assistance Program (FAP): PPHS program that provides financial assistance to persons who have emergent and/or medically necessary healthcare needs and are uninsured or under-insured, and otherwise unable to pay for such care based on their individual financial situation, and who meet the requirements contained within this Policy.

Federal Poverty Guidelines (FPG): Poverty guidelines issued by federal government at the beginning of each calendar year that are used to determine eligibility for poverty programs. The current FPG can be found on the U.S. Department of Health and Human Services website at www.hhs.gov.

Gross Charges, or the Chargemaster Rate: means a hospital facility's full, established price for medical care that the hospital facility consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

Gross Income: Income as defined by the Internal Revenue Service (IRS), which includes but is not limited to: income from wages, salaries, tips; interest and dividend income; unemployment compensation, individual income policy, alimony, all social security income, disability income, self-employment income, rental income, k-1 income, and other taxable income. For applicants who are financially dependent on another individual, that individual's income will become part of the gross income of the applicant. Examples of other sources of income that are not included in the definition of Gross Income are food stamps, student loans, and foster care disbursement.

Household: Number or people claimed on income tax filing, or individuals the Applicant is legally responsible for, and any person whose income is included in the applicant's gross income.

Income: Includes gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

Medical Necessity: Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

PPHS Hospital Facilities: Phoebe Putney Memorial Hospital (PPMH), Phoebe Sumter Medical Center (PSMC), and Phoebe Worth Medical Center (PWMC).

NHSC Site: The National Health Service Corps (NHSC) is a federal government program administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration

(HRSA), and Bureau of Health Workforce (BHW). Since 1972, the NHSC has been building healthy communities, ensuring access to health care for everyone, preventing disease and illness, and caring for the most vulnerable populations who may otherwise go without care. NHSC programs provide scholarships and student loan repayment to health care professionals in exchange for a service commitment to practice in designated areas across the country with a shortage of health care professionals.

PPG Physicians: Emergency Room Physicians, Anesthesiologists, Radiologists, Hospitalists, Critical Care Physicians, Oncology, Neurosurgery, Cardiovascular Surgery, and other specialists as listed on <https://www.phoebehealth.com/media/file/PrintablePhysicianDirectory.pdf>. Community physicians and independent specialists who are not PPG physicians will not be subject to the Phoebe FAP.

PROCEDURE

1. Urgent or Emergency Care

Any patient seeking urgent or emergent care [within the meaning of section 1867 of the Social Security Act (42 U.S.C. § 1395dd)] at a PPHS Hospital Facility shall be treated without discrimination and without regard to a patient's ability to pay for care. PPHS Hospital Facilities shall operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA). This policy prohibits any action that would discourage individuals from seeking emergency medical care (EMC) including but not limited to demanding pay before treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of EMC.

2. Financial Assistance

PPHS Hospital Facilities will extend free or discounted care to eligible individuals for all other medically necessary services. The FAP applies to medically necessary services that are not elective in nature.

1. Who may apply for financial assistance?

Patients, or the person legally responsible for their bill, may request financial assistance in regard to their obligation at any time before or during the billing process. Patients, or the person legally responsible for their bill, may meet guidelines for full or partial assistance.

2. Who is eligible for financial assistance?

You will be eligible for financial assistance if you:

- Have limited household income, within 400% of Federal Poverty Guidelines, as listed on Exhibit 1; and
 - You are a legal resident of a county within the PPHS service area; or
 - Were transferred to a PPHS hospital for a higher level of service from outside of the PPHS service area.

The PPHS service area encompasses the following counties (see map in Exhibit 3):

- **PPMH and PSMC:** Baker, Calhoun, Dooly, Dougherty, Lee, Macon, Marion,

Mitchell, Randolph, Schley, Stewart, Sumter, Terrell, Webster, and Worth

- **PWMC:** Dougherty and Worth
- Georgia residents who are existing patients of PPG physicians will be deemed to have met the residency requirement regardless of which county in Georgia they currently reside.

Management reserves the right to evaluate special circumstances and extend financial assistance outside of the above listed criteria.

You are **not** eligible for financial assistance if you:

- Are not a legal resident of a county within the PPHS service area

3. What services are eligible for financial assistance?

Financial assistance is available for eligible patients who require:

- Emergency medical services
- Other non-elective and medically necessary services

Financial assistance is **not** available for the following:

- Elective plastic surgery
- Services that are not medically necessary
- Services covered by State or Federal agencies such as, but not limited to, Cancer State Aid and Disability Adjudication

PPHS includes Medicaid non-covered services as charity adjustments for patients who qualify for financial assistance.

4. When do you have to apply for financial assistance?

- For **non-emergent** services, patients who expect to need assistance must apply for a financial assistance determination **prior to** obtaining care.
- Patients may also request financial assistance at any time during pre-registration, registration, inpatient stay, or throughout the course of the billing and collections cycle by requesting and completing an application for financial assistance.
- The time limit to apply for financial assistance is twelve (12) months from the time the patient became responsible for the account balance, unless the patient initiated a payment plan. There is no time limit to apply for the FAP when the patient was participating in a payment plan but has a change in financial circumstances.
- Phoebe uses prior FAP eligibility determinations approved within six (6) months of the medically necessary services, unless originally deemed eligible only for those dates of service as a clinical exception or a result of a transfer from outside of the PPHS service area.

5. How does an eligible person apply for financial assistance?

1. *Download or request the FAP Application.*

The FAP application, along with a complete list of any required documentation that you may be required to submit, is available in English and Spanish at <http://www.phoebehealth.com>. An electronic application may be submitted through the online Financial Assistance Screening tool via the QR-code on the website or at <https://www.phoebemapsng.com>. To request a paper application for financial assistance, a copy of the detailed financial assistance policy, or if you have any questions about the process, please contact the Financial Counseling team.

Note: PPHS may use a propensity-to-pay or presumptive charity scores to determine a patient's financial status and a patient's ability to pay for bills already incurred. These scores are obtained by using a data analytics model that helps us identify patients that qualify for financial assistance but may not have specifically requested it.

2. *Complete the FAP Application.*

Complete the FAP application and submit it, along with the documentation listed in the FAP application, directly to the Financial Counseling team or by mailing it to the PPHS Facility of application. Financial Assistance will not be denied based solely upon an incomplete application initially submitted. A PPHS representative will contact patients or financial guarantors via mail to notify them of additional documentation requirements. Patients will have fourteen (14) business days to return additional information.

3. *The Financial Counseling team will review your application and notify you of their decision.*

PPHS will review all FAP applications in a timely fashion. PPHS employees may require an interview with the applicant. If an interview is required, the FAP application may be completed at that time if all required documents have been provided. Once a completed application is reviewed, a decision will be made and the patient/applicant will be notified in writing of the decision. Patients who do not qualify for financial assistance will be billed in accordance with PPHS policy as a means of making arrangements for payments or obtaining payment in full.

4. *You may appeal the decision.*

Applicants who receive a letter of denial may appeal the denial. The appeal must be made within thirty (30) days of the date of the letter of denial.

6. **What financial assistance is available?**

- **Level 1 Status:** Household incomes at or below 200% of the FPG are eligible for free care as provided in the FAP.
- **Level 2 Status:** Household incomes between 201% and 400% of FPG qualify for discounted charges for care (see Exhibit 1).
- Additionally, PPHS hospitals and physicians provide financial assistance to indigent patients for services needed that a physician deems necessary for post-discharge care, in accordance with PPHS policies and procedures.

- Medically necessary healthcare services within 12 months of a favorable FAP eligibility determination will be discounted at the previously verified FAP level.

7. Special Considerations for National Health Service Corps (NHSC) Approved Sites

Sliding Fee Discount Program

- The following guidelines are to be followed in providing the Sliding Fee Discount Program:
 - a. Notification: PPHS NHSC sites will notify patients of the Sliding Fee Discount Program by:
 - i. Payment Policy Brochure will be available to all patients at the time of service.
 - ii. Notification of the Sliding Fee Discount Program will be offered to each patient at the time of service.
 - iii. Sliding Fee Discount Program application will be offered to each patient at the time of service.
 - iv. An explanation of the Sliding Fee Discount Program and NHCS application form are available on Phoebe's website.
 - v. Phoebe will make available notification of the Sliding Fee Discount Program in the clinic waiting area.
 - b. Request for discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Clinic or Customer Service staff.
 - c. Administration: The Sliding Fee Discount Program procedure will be administered through the Clinic Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.
 - d. Completion of Application: NHSC Sites have a separate financial assistance application for services provided. See Exhibit 4. The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to Phoebe as disclosed on the application form.

8. Outpatient Drug Affordability Assistance

The Phoebe Financial Assistance Program (FAP) includes assistance for certain prescription medications dispensed through the designated outpatient pharmacy for

eligible patients who receive care at Phoebe Putney Memorial Hospital, Phoebe Sumter Medical Center, or Phoebe Worth Medical Center, including their provider-based clinics. This provision is intended to support access to medically necessary outpatient prescription drugs for patients who meet financial assistance criteria under the hospital's policy and applicable federal law.

a. Patient and Encounter Eligibility

- i. Prescription assistance under this section is available to patients who:
 - A. Are determined to be eligible under the Financial Assistance Program, including patients who are uninsured, underinsured, ineligible for government assistance programs, or otherwise unable to pay based on documented financial need; and
 - B. Are patients of one of the hospitals' provider-based clinics, as defined under CMS provider-based regulations; and
 - C. Have a documented clinical encounter with one of the hospitals' provider-based clinics that establishes a qualifying provider-patient relationship; and
 - D. Receive a prescription that is:
 - 1. Written or ordered by one of the hospitals' privileged providers;
 - 2. Directly related to the care provided during the qualifying clinical encounter; and
 - 3. Filled at designated outpatient pharmacies.

b. Prescription Assistance Determination

- i. For patients meeting the above criteria, the designated outpatient pharmacies may provide reduced-cost or no-cost prescriptions, based on the patient's approved level of financial assistance:
 - A. Prescription charges may be reduced in accordance with Phoebe's FAP guidelines; or
 - B. Prescription charges may be waived entirely for patients eligible for full financial assistance.
- ii. All patients have the right to fill their prescriptions at any pharmacy of their choosing, but prescription assistance applies only to outpatient medications dispensed at designated outpatient pharmacies.

c. Coordination with Other Assistance Programs

- i. When appropriate and legally permissible, designated outpatient

pharmacies may coordinate prescription assistance with the below to ensure responsible stewardship while maintaining patient access to care. The availability of such programs may replace or supplement financial assistance from Phoebe.

- A. Manufacturer patient assistance programs,
- B. Discount programs, or
- C. Other third-party resources.

d. Limitations and Compliance

i. Prescription assistance is subject to:

- A. Approved FAP eligibility;
- B. Verification of a qualifying provider-based clinic encounter; and
- C. Established program criteria, including drug-specific restrictions, financial constraints, and operational considerations.

ii. All prescription assistance decisions under this section shall be applied uniformly to all applicants and shall be documented and auditable.

3. Billing and Collection

PPHS makes reasonable efforts to ensure that patients are billed for their services accurately and timely. PPHS will attempt to work with all patients to establish suitable payment arrangements if full payment cannot be made at the time of service or upon delivery of the first patient statement. PPHS will make every effort to work with patients who owe large balances, yet do not qualify for financial assistance, to arrange mutually acceptable payment terms.

PPHS maintains a separate billing and collections policy which describes in detail the actions PPHS Hospital Facilities and PPG may take in the event of non-payment. Copies of the PPHS Billing and Collections Policy are available to members of the community for no charge at <http://www.phoebehealth.com> and also upon request to the Financial Counseling Department.

4. Communication of the Financial Assistance Program

PPHS shall take the following measures to widely publicize its FAP:

- Notice of the PPHS FAP is posted in areas where patients may present for registration prior to receiving medical services at any of the PPHS Hospital Facilities, or where any patients/patient representatives may make inquiries regarding their hospital bills. Information is available in English and Spanish.
- All patients of PPHS Hospital Facilities will be offered a plain language summary of the FAP and upon request, receive a FAP Application prior to being discharged from a PPHS Hospital Facility.
- The FAP Policy, FAP Application, and a plain language summary are available on the

PPHS website in English and Spanish at <http://www.phoebehealth.com>. A plain language summary is also in the PPHS Patient Handbook, in the "Guide to Understanding Your Hospital Bill", and is referenced in patient statements and letters.

- The FAP Policy, FAP Application, and plain language summary are available without charge upon request and by mail. In-person requests may be made to any registration area of any PPHS Hospital Facility, the Financial Counseling Department, and the Patient Accounting Department. Written requests can be submitted to addresses set forth in Exhibit 2 to this Policy.
- The FAP plain language summary will also be made available at community health centers,
- Financial Counselors are available to discuss the Financial Assistance Program and to accept and assist with applications. Hours of operations are set forth in Exhibit 2 to this Policy.

REFERENCES:

Federal Poverty Guidelines

Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))

Internal Revenue Service Regulations s. 1.501(r)-1 through s. 1.501(r)-7

EXHIBIT 1

Patients who are eligible individuals will not be charged more for emergency or other medically necessary care than the AGB for individuals who have insurance coverage. The minimum percentage discount to be applied to FAP eligible individuals shall be calculated on an annual basis, and in the event the percentage discount changes for any year, Exhibit 1 shall be amended. Financial Assistance Guidelines shall be adjusted annually, in accordance with updated AGB from the previous fiscal year and current year Federal Poverty Level (FPL) guidelines.

The hospital Amount Generally Billed (AGB) and corresponding discount off gross charges are, as follows, effective 8/2/2026:

- Phoebe Putney Memorial Hospital (PPMH) – AGB = 34%, after 66% discount off gross charges
- Phoebe Sumter Medical Center (PSMC) – AGB = 31%, after 69% discount off gross charges
- Phoebe Worth Medical Center (PWMC) – AGB = 42%, after 58% discount off gross charges

AGB and Financial Assistance Discounts Off of Gross Charges

2026 FPL	200% or less	201%	225%	250%	275%	300%	325%	350%	375%	400%
MED MGMT CLINIC	\$3 per script	\$5 per script					\$10 per Script			
PPMH										
	100%	97%	96%	95%	90%	85%	80%	75%	70%	66%

Discount										
AGB	0%	3%	4%	5%	10%	15%	20%	25%	30%	34%
Pt Pmt										
PSMC										
Discount	100%	97%	96%	95%	90%	85%	80%	75%	70%	69%
AGB	0%	3%	4%	5%	10%	15%	20%	25%	30%	31%
Pt Pmt										
PWMC										
Discount	100%	97%	95%	90%	85%	80%	75%	70%	65%	58%
AGB	0%	3%	5%	10%	15%	20%	25%	30%	35%	42%
Pt Pmt										

EXHIBIT 2

ALL FINANCIAL ASSISTANCE INFORMATION MAY BE OBTAINED FREE OF CHARGE, UPON REQUEST, AT THE LOCATIONS BELOW OR AT WWW.PHOEBEHEALTH.COM

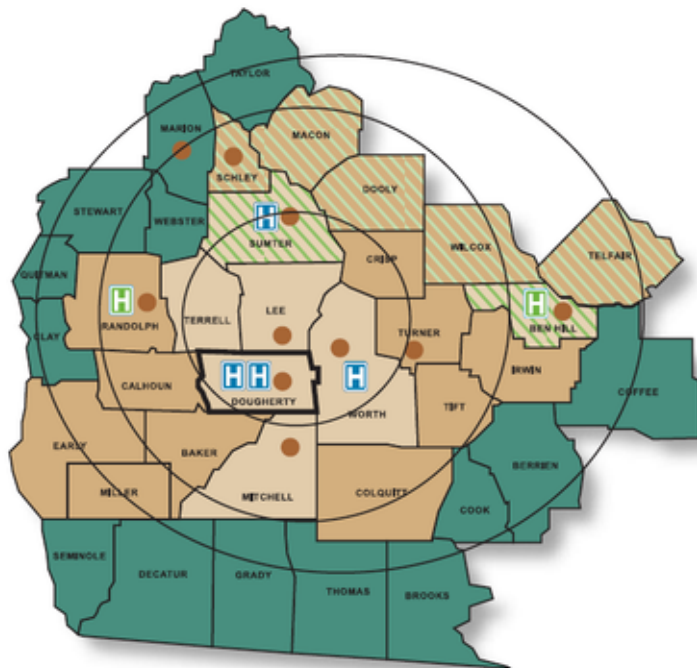
Mailing Address	Hours of Operation
Phoebe Financial Counseling Dept Phoebe Putney Memorial Hospital 417 Third Avenue P.O. Box 3770 Albany, GA 31706-3770 229-312-4220 or 866-514-0015 229-312-4225 (fax)	By telephone at 229-312-4220 or 866-514-0015 from 8:30AM-4:30PM, Monday-Friday Walk-in hours from 8:00AM-5:00PM, Monday-Friday, Scheduled appointments from 9:00AM-4:00PM, Monday-Friday Floor visits are available upon request from a patient or responsible party, or any staff member within the organization
Phoebe Financial Counseling Dept. Phoebe Sumter Medical Center 126 Highway 280 West P.O. Box 527 Americus, GA 31719 229-931-1259 229-931-1186 (fax)	By telephone at 229-931-1259 from 8:30AM-4:30PM, Monday-Friday Walk-in hours from 9:00AM-12:00PM, Monday-Friday Scheduled appointments from 1:00PM-4:00PM, Monday-Friday Floor visits are available upon request from a patient or responsible party, or any staff member within the organization
Phoebe Worth Medical Center 807 S Isabella Street	By telephone at 229-776-6961 from 8:30AM-4:30PM, Monday-Friday Walk-in hours from 9:00AM-12:00PM, Monday-Friday

P.O. Box 545 Sylvester, GA 31791 229-776-6961 229-776-7062 (fax)	Scheduled appointments from 1:00PM-4:00PM, Monday-Friday Floor visits are available upon request from a patient or responsible party, or any staff member within the organization
Phoebe Medication Management Clinic 2000 Palmyra Rd. Albany, GA 31701	By telephone at 229-312-7580 or by appointment from 8:30AM-5:00PM Monday - Friday
Phoebe Financial Counseling Dept. Phoebe Physician Group, Inc. 500 3rd Ave. Ste. 101 P.O. Box 3109 Albany, GA 31706-3770 229-312-5815 (fax)	By telephone at 229-312-5841, 229-312-5842 or 877-844-1943 from 8:30AM-4:30PM, Monday-Friday

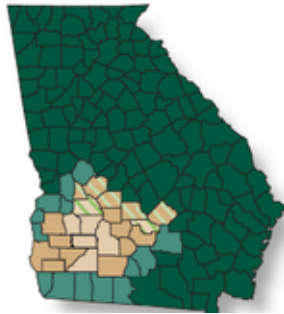
EXHIBIT 3

- **PPMH and PSMC:** Baker, Calhoun, Dooly, Dougherty, Lee, Macon, Marion, Mitchell, Randolph, Schley, Stewart, Sumter, Terrell, Webster, and Worth
- **PWMC:** Dougherty and Worth
- Georgia residents who are existing patients of PPG physicians will be deemed to have met the residency requirement regardless of which county in Georgia they currently reside.

MODEL OF DELIVERY



- Phoebe Primary Service Area
- Phoebe Secondary Service Area
- Phoebe Tertiary Service Area
- Transition to Primary Market
- Transition to Secondary Market
- PPG Physician Practice Locations
- Phoebe Owned/Leased Hospitals
- Phoebe Managed Hospitals



PHY

EXHIBIT 4

COPY



Phoebe NHSC Sites
Financial Assistance Application

- ☐ Phoebe Behavioral Health
☐ Phoebe Worth Rural Health Clinic
☐ Other Phoebe NHSC Site

PATIENT INFORMATION

Name: _____ Birthdate: ____/____/____

GUARANTOR and SPOUSE INFORMATION

Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Name: _____ Relationship to Patient: _____

Birthdate: ____/____/____ Home Address: _____

Phone # () _____ Other Phone #: () _____

Employer: _____ Address: _____

Work #: () _____ Position: _____ Annual or Hourly Pay: \$ _____ Working Full or Part-time
(circle one)

Spouse/
Household Name _____ Birthdate: ____/____/____

Employer: _____ Address: _____

Work #: () _____ Position: _____ Annual or Hourly Pay: \$ _____ Working Full or Part-time
(circle one)

Household members, including those under age 18

Name (First, Middle, Last)	Birthdate (mm/dd/yyyy)	Relationship
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Assets and Other Income Sources

Monthly Wages \$ _____ Business Income \$ _____ Investment Income \$ _____

Monthly Pension \$ _____ Social Security \$ _____ Other Income \$ _____ Other Income \$ _____

Other Income \$ _____ Other Income \$ _____

Comments:

I certify that the information contained on this application and with the accompanying documents and schedules is true and accurate to the best of my knowledge. I certify family size and income information shown above are correct. If eligible for benefits under the Financial Assistance Program, I agree to abide by the Program's guidelines and accept responsibility for payment of amounts not covered by the Program. Phoebe and its affiliates, has permission to verify the information I have provided, including verifying my family size and income information. I agree to report all changes to income and family circumstances to the Financial Assistance Program.

Guarantor Signature _____ Date _____

Co-Guarantor Signature _____ Date _____

Last Updated 4/24/2023

EXHIBIT 5

SLIDING FEE SCHEDULE FOR NHSC SITES

Poverty Level	2026 Base FPL	200% or less	201%	225%	250%	275%	300%	325%	350%	375%	400%
Family Size	Discount	100%	80%	60%	40%	20%	0%	0%	0%	0%	0%
1	\$ 15,980	\$ 31,920	\$ 32,080	\$ 35,910	\$ 39,900	\$ 43,890	\$ 47,880	\$ 51,870	\$ 55,860	\$ 59,850	\$ 63,840
2	\$ 21,640	\$ 43,280	\$ 43,468	\$ 48,690	\$ 54,100	\$ 59,510	\$ 64,920	\$ 70,330	\$ 75,740	\$ 81,150	\$ 86,560
3	\$ 27,320	\$ 54,640	\$ 54,913	\$ 61,470	\$ 68,300	\$ 75,130	\$ 81,960	\$ 88,790	\$ 95,620	\$ 102,450	\$ 109,280
4	\$ 33,000	\$ 66,000	\$ 66,330	\$ 74,250	\$ 82,500	\$ 90,750	\$ 99,000	\$ 107,250	\$ 115,500	\$ 123,750	\$ 132,000
5	\$ 38,680	\$ 77,360	\$ 77,747	\$ 87,030	\$ 96,700	\$ 106,370	\$ 116,040	\$ 125,710	\$ 135,380	\$ 145,050	\$ 154,720
6	\$ 44,360	\$ 88,720	\$ 89,164	\$ 99,810	\$ 110,900	\$ 121,990	\$ 133,080	\$ 144,170	\$ 155,260	\$ 166,350	\$ 177,440
7	\$ 50,040	\$ 100,080	\$ 100,580	\$ 112,550	\$ 125,100	\$ 137,610	\$ 150,120	\$ 162,630	\$ 175,140	\$ 187,650	\$ 200,160
8	\$ 55,720	\$ 111,440	\$ 111,997	\$ 125,370	\$ 139,300	\$ 153,230	\$ 167,160	\$ 181,090	\$ 195,020	\$ 208,950	\$ 222,880
For each additional person, add	\$ 5,680										

Attachments

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[Exhibit 1.jpg](#)

Approval Signatures

Step Description	Approver	Date
Final Approval	Brian Church: Sr. Vice President/ CFO/CAO	8/11/2026
Legal Review	Maggie McMichael: Associate Counsel	8/11/2026
	Brian Church: Sr. Vice President/ CFO/CAO	8/11/2026