

**WISCONSIN ADULT CYSTIC FIBROSIS PROGRAM
LIABILITY CHART**

Liability for Services Received on July 1, 2016, and After Based on Current Policy

Liability Based on Percent of Charges:

ANNUAL FAMILY INCOME	PERCENT OF CHARGES FOR WHICH MEMBER IS LIABLE, BY FAMILY SIZE									
	Number of Dependent Family Members*									
	1	2	3	4	5	6	7	8	9	10
\$0 - 7,000	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
7,001 - 10,000	2	1	0	0	0	0	0	0	0	0
10,001 - 15,000	3	2	1	0	0	0	0	0	0	0
15,001 - 20,000	4	3	2	1	0	0	0	0	0	0
20,001 - 25,000	5	4	3	2	1	0	0	0	0	0
25,001 - 30,000	14	5	4	3	2	1	0	0	0	0
30,001 - 35,000	17	13	5	4	3	2	1	0	0	0
35,001 - 40,000	20	16	6	5	4	3	2	1	0	0
40,001 - 45,000	24	19	15	6	5	4	3	2	1	0
45,001 - 50,000	29	24	20	17	6	5	4	3	2	1
50,001 - 55,000	34	29	25	21	7	6	5	4	3	2
55,001 - 60,000	39	34	29	25	23	7	6	5	4	3
60,001 - 65,000	44	39	34	30	28	25	7	6	5	4
65,001 - 70,000	49	44	39	35	32	29	8	7	6	5
70,001 - 75,000	55	49	44	40	37	34	32	8	7	6
75,001 - 80,000	61	55	50	46	43	40	37	35	7	6
80,001 - 85,000	67	61	56	52	49	46	43	40	7	6
85,001 - 90,000	74	68	63	59	56	53	50	47	45	6
90,001 - 95,000	81	75	70	66	63	60	57	55	53	51
95,001 - 100,000	88	82	77	73	70	67	64	62	60	58
100,000+	97	91	86	82	79	76	73	71	69	67

Annual Cap Amount on Liability:

Annual Income	"Cap" Percent
Up to - \$10,000	3%
\$10,001 - \$20,000	4%
\$20,001 - \$40,000	5%
\$40,001 - \$60,000	6%
\$60,001 - \$80,000	7%
\$80,001 - \$100,000	9%
\$100,001 - and up	10%

*To determine who is a dependent family member, refer to the Application or Financial Need Statement Instructions.

