

**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.

