

## WISCONSIN CHRONIC RENAL DISEASE PROGRAM LIABILITY CHART

Liability for services received on July 1, 2024, and after based on current policy

**Deductibles:** Before payment is made by the Wisconsin Chronic Renal Disease Program for inpatient and outpatient services, you must meet an annual deductible.

	<b>ANNUAL DEDUCTIBLE AMOUNT</b>	
<b>For Dates of Services</b>	<b>Inpatient</b>	<b>Outpatient</b>
<b>07/01/24–06/30/25</b>	<b>\$1,632</b>	<b>\$240</b>
07/01/23–06/30/24	\$1,600	\$226

### Liability Based on Percentage of Charges:

	<b>Percentage of Charges for which Member is Liable, by Number of Dependent Family Members*</b>									
<b>Annual Family Income</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
\$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	4%	2%	1%	0%	0%	0%	0%	0%	0%	0%
\$15,001–\$20,000	7%	4%	2%	1%	0%	0%	0%	0%	0%	0%
\$20,001–\$25,000	11%	7%	4%	2%	1%	0%	0%	0%	0%	0%
\$25,001–\$30,000	14%	10%	7%	5%	3%	2%	1%	0%	0%	0%
\$30,001–\$35,000	17%	13%	10%	8%	6%	4%	2%	1%	0%	0%
\$35,001–\$40,000	20%	16%	13%	11%	9%	7%	5%	3%	2%	1%
\$40,001–\$45,000	24%	19%	15%	13%	11%	9%	7%	5%	3%	2%
\$45,001–\$50,000	29%	24%	20%	17%	15%	13%	11%	9%	7%	5%
\$50,001–\$55,000	34%	29%	25%	21%	19%	17%	15%	13%	11%	9%
\$55,001–\$60,000	39%	34%	29%	25%	23%	21%	19%	17%	15%	13%
\$60,001–\$65,000	44%	39%	34%	30%	28%	25%	22%	20%	18%	16%
\$65,001–\$70,000	49%	44%	39%	35%	32%	29%	27%	25%	23%	21%
\$70,001–\$75,000	55%	49%	44%	40%	37%	34%	32%	30%	28%	26%
\$75,001–\$80,000	61%	55%	50%	46%	43%	40%	37%	35%	33%	31%
\$80,001–\$85,000	67%	61%	56%	52%	49%	46%	43%	40%	38%	36%
\$85,001–\$90,000	74%	68%	63%	59%	56%	53%	50%	47%	45%	43%
\$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%
Over \$100,000	97%	91%	86%	82%	79%	76%	73%	71%	69%	67%

<b>Annual Cap Amount on Liability</b>	
<b>Annual Income</b>	<b>"Cap" Percent</b>
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%
Over \$100,000	10%

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



**WISCONSIN DEPARTMENT  
of HEALTH SERVICES**

Division of Medicaid Services  
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