

**CUADRO DE RESPONSABILIDAD DEL HEMOPHILIA HOME CARE PROGRAM
(PROGRAMA DE ATENCIÓN DOMICILIARIA PARA LA HEMOFILIA) DE WISCONSIN
(WISCONSIN HEMOPHILIA HOME CARE PROGRAM LIABILITY CHART)**

Responsabilidad por servicios recibidos a partir del 1 de julio de 2024, según las políticas actuales.

Ingresos familiares anuales	Porcentaje de cargos por los cuales la persona miembro es responsable según la cantidad familiares dependientes.*									
	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%
Más de \$100,000	97%	91%	86%	82%	79%	76%	73%	71%	69%	67%

Monto máximo anual de responsabilidad	
Ingreso anual	Porcentaje máximo
Hasta \$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%
Más de \$100,000	10%

* Para determinar quién es familiar dependiente, consulte el formulario de solicitud o las instrucciones de la declaración de necesidad económica.



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

Division of Medicaid Services
P-01191H (07/2024)