



One Health HealthShare Partnership (HSP)



What can the HealthShare Partnership (HSP) do for you?

Reduced Medical Fees at Bighorn Valley Health Center

You can qualify to receive a simple flat rate and substantially reduced medical charges billed to you (as indicated in the attached chart). We are not a “Free” clinic but these simple flat rates for each visit can get you the services you need and assistance will be provided in filling out our HSP application for any discount that you qualify for. No one will be turned away for their inability to pay.

Dental Assistance: After an appointment with one of our healthcare providers, if the provider feels you need dental care, we will either refer you for dental care in Miles City or pay up to \$250 per patient per year for exams, cleanings, fillings, and extractions if you live in one of our other locations. You will make all of your own arrangements through our care manager, and they will work with you to coordinate your dental care.

Pharmacy Assistance: Please meet with our pharmacy staff who can discuss options with you for obtaining discounted medications. If we don’t have a pharmacy in your facility, you may be eligible for additional pharmacy vouchers.

How do you qualify?

1. Fill out the application available from our office or you can request one electronically. Return a completed application **and proof of income** to our office in a secure manner.

What do I need with my application?

Proof of income or proof of eligibility for any other assistance. This can be the first page of your most recent income tax statement, last three pay stubs, or even a letter of eligibility for any government payment or assistance such as SSA benefits, or TANF.

Who does my application cover? Your HSP enrollment covers all family members in your household for one year from the application date WITH income verification only and must be renewed annually.

If you need assistance completing an application, or have any questions please contact a Community Health Advocates or call (406) 623-9033, or (406) 357- 3955.

One Health HealthShare Partnership Discount Fee Scale

2021

Based on Federal Poverty Guidelines (FPG),
released January 13, 2021

Family Size	A Billed \$0	B Billed \$25	C Billed \$35	D Billed \$45	E Billed Full Fee
1	\$0	\$12,881	\$19,321	\$22,541	\$25,761
	\$12,880	\$19,320	\$22,540	\$25,760	and Above
2	\$0	\$17,421	\$26,131	\$30,486	\$34,841
	\$17,420	\$26,130	\$30,485	\$34,840	and Above
3	\$0	\$21,961	\$32,941	\$38,431	\$43,921
	\$21,960	\$32,940	\$38,430	\$43,920	and Above
4	\$0	\$26,501	\$39,751	\$46,376	\$53,001
	\$26,500	\$39,750	\$46,375	\$53,000	and Above
5	\$0	\$31,041	\$46,561	\$54,321	\$62,081
	\$31,040	\$46,560	\$54,320	\$62,080	and Above
6	\$0	\$35,581	\$53,371	\$62,266	\$71,161
	\$35,580	\$53,370	\$62,265	\$71,160	and Above
7	\$0	\$40,121	\$60,181	\$70,211	\$80,241
	\$40,120	\$60,180	\$70,210	\$80,240	and Above
8	\$0	\$44,661	\$66,991	\$78,155	\$89,321
	\$44,660	\$66,990	\$78,155	\$89,320	and Above
Each additional family member	\$4,540				Above
Target population	0-100% of poverty	100-150% poverty	150-175% poverty	175%-200% poverty	Over 200% poverty



One Health HealthShare Partnership Dental Discount Fee Scale



2021

Based on Federal Poverty Guidelines (FPG),
released January 13, 2021

Services	A 0-100% of Federal Poverty	B 101-150% of Federal Poverty	C 151-175% of Federal Poverty	D 176% - 200% of Federal Poverty	E Over 200% of Federal Poverty
All Dental Services for New and Existing Adult and Pediatric Patients	\$20 Nominal Fee	Patient Pays Greater of 40% of the total fee or \$21 Minimum Charge	Patient Pays Greater of 55% of the total fee or \$22 Minimum Charge	Patient Pays Greater of 70% of the total fee or \$23 Minimum Charge	Full Price