

To calculate the AGB, UW Health uses the “look-back” method described in 26 C.F.R. 501(r)-4(b)(2). In this method, UW Health uses data based on claims sent to Medicare fee-for- service and all private commercial insurers for emergency and medically necessary care over the past year to determine the percentage of gross charges that is typically paid by these insurers.

The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB. UW Health re-calculates the percentage each year. For calendar year 2022, the AGB percentage for UW Health services is 36%.

Example:

If the gross charges for a UW Health patient’s colonoscopy procedure are \$10,000, the AGB percentage is 36%, and the patient is eligible for financial assistance under this policy, they will not be personally responsible for paying more than \$3,600 for the colonoscopy procedure.

Because the AGB percentage for UW Health services is 36%, and because the minimum amount of assistance available under this policy is a 73% discount off of gross charges, no patient eligible for financial assistance will be required to pay an amount in excess of AGB.