

**Exhibit C: Limitation of Charges/AGB**

<b>Hospital</b>	<b>AGB %</b>	<b>Method</b>
SSM St. Mary's Health Center, St. Louis, MO	30%	1
SSM Cardinal Glennon Children's Hospital	30%	1
SSM DePaul Health Center	27%	1
SSM St. Clare Health Center	27%	1
SSM St. Joseph Hospital West	25%	1
SSM St. Joseph Health Center	27%	1
SSM St. Joseph Health Center-Wentzville	25%	1
SSM St. Louis University Hospital	---	3
St. Francis Hospital & Health Services	50%	1
SSM Health St. Mary's Hospital – Jefferson City	32%	1
SSM Health St. Mary's Hospital – Audrain	30%	1
St. Anthony Hospital	24%	1
St. Anthony Shawnee Hospital	32%	1
St. Mary's Hospital Madison, WI	40%	1
St. Clare Hospital Baraboo, WI	38%	1
St. Mary's Janesville, WI	36%	1
Good Samaritan Regional Health Center	42%	1
St. Mary's Hospital Centralia, Illinois	39%	1

**Methods:**

1. Under this method all claims paid by Medicare fee-for-service and private health insurers over the last 12 months are used. For these claims the sum of all allowable reimbursement amounts is divided by the sum of the associated gross charges.
2. Under this method all claims paid by Medicare fee-for-service over the last 12 months are used. For these claims the sum of all allowable reimbursement amounts is divided by the sum of the associated gross charges.
3. Under this method, the facility sets the amount generally billed (AGB) to the amount the hospital facility determines would be the total amount Medicare or Medicaid would allow for the care (including both the amount that would be reimbursed by Medicare or Medicaid and the amount the beneficiary would be personally for paying in the form of co-payments, co-insurance, and deductibles.)