

Residential Service Medical Equipment Discount Program Rate Schedule MED

I. Applicability

This Rate Schedule 1-MED applies to customers receiving service under residential rates, who certify, in writing, that the customer or a full-time resident in the customer's home:

- Is dependent on a qualifying medical equipment device used in the home; or
- Has a medical condition with special electric heating needs or air conditioning needs.

II. Medical Equipment Discount

A discount will be applied to the electricity usage portion of the bill per month.

MED Rate Discount\$15.00

III. Medical Equipment Discount and Energy Assistance Program Rate

Qualified residential customers on both the Energy Assistance Program Rate and the Medical Equipment Discount receive the EAPR discount as described in Rate Schedule 1-EAPR and the MED discount.

IV. Conditions

A. Application and Certification

An application must be completed along with certification from a qualified health professional stating that a medical need exists. A current definition of "qualified health professional" is posted on the SMUD website, www.smud.org.

B. Medical Equipment Device

A medical equipment device, for purposes of these rates, is defined as a qualifying medical device requiring utility-supplied electricity for its operation that is regularly required for mobility or to sustain the life of a person residing in a residential dwelling. Qualified devices change frequently as technology changes. A current list of qualified devices and medical conditions is available on the SMUD website, www.smud.org.

C. Request for Additional Discount

If this discount does not meet a household's medical-electricity needs, customers may contact SMUD to discuss additional assistance.

V. Billing

The Medical Equipment Discount Program option will be effective commencing with the beginning of the billing period in which the request is received and approved. Return to another rate option will be effective commencing with the beginning of the billing period in which the request is received or the cancellation date, if enrollment in the Medical Equipment Discount Program is terminated.

(End)