

# BJC Financial Assistance Income and Discount Schedule

Effective January 16, 2023

## Table I: Family Income Ranges for Financial Assistance

Family Size	200% FPL	300% FPL
1 Person	\$29,160	\$43,740
2 People	\$39,440	\$59,160
3 People	\$49,720	\$74,580
4 People	\$60,000	\$90,000
5 People	\$70,280	\$100,000
6 People	\$80,560	\$100,000
7 People	\$90,840	\$100,000
8 People	\$100,000	\$100,000

- Family Size: For each additional family member over 8 members, add \$5,140 for each additional person. Patients with family income over \$100,000 will not be eligible for financial assistance, regardless of family size.
- FPL: "Federal Poverty Level" is determined yearly by the US Department of Health and Human Services.

## Table II: Amount of Discount and Patient Responsibility

Patient's Household Income	Less than 200% FPL	201-300% FPL
Patient's Discount:	100%	80%

### CATASTROPHIC FINANCIAL ASSISTANCE

In the case of a catastrophic medical event, patients who may not ordinarily qualify for Financial Assistance will be granted aid. Under these special circumstances, patient payment responsibilities will not be more than 20% of annual family income.

### DECEASED PATIENTS

Account balances for deceased patients will qualify for 100% financial assistance when it has been confirmed there is no living spouse, no estate is on file with probate, and services are not covered by a third-party payor.

### BANKRUPTCY

In the event of bankruptcy, patients will qualify for 100% financial assistance when it has been confirmed that the services fall under the period of the bankruptcy period, and services are not covered by a third-party payor.

# Illinois Hospital Uninsured Discount Act Schedule

Effective January 16, 2023

## Table III: Family Income Ranges for Financial Assistance

(Uninsured Illinois Residents at Illinois Hospital ONLY)

Family Size	200% FPL	300% FPL	600% FPL
1 Person	\$29,160	\$43,740	\$87,480
2 People	\$39,440	\$59,160	\$118,320
3 People	\$49,720	\$74,580	\$149,160
4 People	\$60,000	\$90,000	\$180,000
5 People	\$70,280	\$105,420	\$210,840
6 People	\$80,560	\$120,840	\$241,680
7 People	\$90,840	\$136,260	\$272,520
8 People	\$101,120	\$151,680	\$303,360

- Family Size: For each additional family member over 8 members, add \$5,140 for each additional person.
- Patients who have been enrolled in the following programs over the last six months automatically qualify for BJC Financial Assistance: WIC, SNAP, Illinois Free Lunch and Breakfast Program, LIHEAP and other medical grant assistance.
- FPL: "Federal Poverty Level" is determined yearly by the U.S. Department of Health and Human Services.

## Table IV: Amount of Discount and Patient Responsibility

(Uninsured Illinois Residents at Illinois Hospital ONLY)

Patient's Household Income	Less than 200% FPL	201-300% FPL	301-600%
Patient's Discount:	100%	80%	70%

### CATASTROPHIC FINANCIAL ASSISTANCE

In the case of a catastrophic medical event, patients who may not ordinarily qualify for Financial Assistance will be granted aid. Under these special circumstances, patient payment responsibilities will not be more than 20% of annual family income.

### DECEASED PATIENTS

Account balances for deceased patients will qualify for 100% financial assistance when it has been confirmed there is no living spouse, no estate is on file with probate, and services are not covered by a third-party payor.

### BANKRUPTCY

In the event of bankruptcy, patients will qualify for 100% financial assistance when it has been confirmed that the services fall under the period of the bankruptcy period, and services are not covered by a third-party payor.