

BJC Financial Assistance Income and Discount Schedule

Effective January 15, 2024

Table I: Family Income Ranges for Financial Assistance

Family Size	200% FPL	300% FPL
1 Person	\$30,120	\$45,180
2 People	\$40,880	\$61,320
3 People	\$51,640	\$77,460
4 People	\$62,400	\$93,600
5 People	\$73,160	\$100,000
6 People	\$83,920	\$100,000
7 People	\$94,680	\$100,000
8 People	\$100,000	\$100,000

- Family Size: For each additional family member over 8 members, add \$5,380 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 15, 2024

Table III: Family Income Ranges for Financial Assistance

(Uninsured Illinois Residents at Illinois Hospitals ONLY)

Family Size	200% FPL	300% FPL	600% FPL
1 Person	\$30,120	\$45,180	\$90,360
2 People	\$40,880	\$61,320	\$122,640
3 People	\$51,640	\$77,460	\$154,920
4 People	\$62,400	\$93,600	\$187,200
5 People	\$73,160	\$109,740	\$219,480
6 People	\$83,920	\$125,880	\$251,760
7 People	\$94,680	\$142,020	\$284,040
8 People	\$105,440	\$158,160	\$316,320

- Family Size: For each additional family member over 8 members, add \$5,380 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 Hospitals 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.