

# BJC Financial Assistance Income and Discount Schedule

**Table I: Family Income Ranges for Financial Assistance**

Family Size	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL
1 Person	\$11,670	\$17,505	\$23,340	\$29,175	\$35,010
2 People	\$15,730	\$23,595	\$31,460	\$39,325	\$47,190
3 People	\$19,790	\$29,685	\$39,580	\$49,475	\$59,370
4 People	\$23,850	\$35,775	\$47,700	\$59,625	\$71,550
5 People	\$27,910	\$41,865	\$55,820	\$69,775	\$83,730
6 People	\$31,970	\$47,955	\$63,940	\$79,925	\$95,910
7 People	\$36,030	\$54,045	\$72,060	\$90,075	\$100,000
8 People	\$40,090	\$60,135	\$80,180	\$100,000	\$100,000

- Family Size: For each additional family member over 8 members, add \$4,060 to income. 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 100% FPL	101-150% FPL	151-200% FPL	201-250% FPL	251-300% FPL
Patient’s Discount:	100%	95%	90%	80%	75%
Patient Pays:	Co-pay	Co-pay + 5%	Co-pay + 10%	Co-pay + 20%	Co-pay + 25%
Co-pays:					
Hospitals	BJCMG		Home Care Services		
Inpatient: \$300 per stay	Office Visit: \$50 per visit		Home Care: \$50 per visit		
Outpatient: \$25 per visit	Office Procedure \$75 per visit		Home Infusion: \$50 per visit		
Emergency: \$100 per visit	Inpatient Visit: \$100 per visit		Medical Equipment: \$25 per piece		
Therapy: \$10 per visit					
Catastrophic Events:					
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 30 percent of annual family income.					

# Illinois Hospital Uninsured Discount Act Schedule

**Table III: Family Income Ranges for Financial Assistance  
(Uninsured Illinois Residents at Alton Memorial Hospital ONLY)**

Family Size	200% FPL	600% FPL
1 Person	\$23,340	\$70,020
2 People	\$31,460	\$94,380
3 People	\$39,580	\$118,740
4 People	\$47,700	\$143,100
5 People	\$55,820	\$167,460
6 People	\$63,940	\$191,820
7 People	\$72,060	\$216,180
8 People	\$80,180	\$240,540

- Family Size: For each additional family member over 8 members, add \$4,060 to income.
- 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 US Department of Health and Human Services.

**Table IV: Amount of Discount and Patient Responsibility  
(Uninsured Illinois Residents at Alton Memorial Hospital ONLY)**

Patient’s Household Income:		
	Less than 200% FPL	201-600% FPL
Patient’s Discount:	100%	135% Cost to Charge Ratio
Patient Pays:	Co-pay	Co-pay + Cost Share
Co-pays:		
Alton Memorial Hospital		
Inpatient:	Lesser of charges or \$300 per stay	
Outpatient:	Lesser of charges or \$300 per visit	
Emergency:	Lesser of charges or \$300 per visit	
Therapy (PT/OT/Speech):	Lesser of charges or \$300 per visit	
Catastrophic Events:		
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 25 percent of annual family income.		