

# BJC Financial Assistance Income and Discount Schedule

Effective Jan. 15, 2025

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

Family Size	200% FPL	300% FPL
1 Person	\$31,300	\$46,950
2 People	\$42,300	\$63,450
3 People	\$53,300	\$79,950
4 People	\$64,300	\$96,450
5 People	\$75,300	\$100,000
6 People	\$86,300	\$100,000
7 People	\$97,300	\$100,000
8 People	\$100,000	\$100,000

- Family Size: For each additional family member with more than 8 members, add \$5,500 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 U.S. 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 Jan. 15, 2025

**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	\$31,300	\$46,950	\$93,900
2 People	\$42,300	\$63,450	\$126,900
3 People	\$53,300	\$79,950	\$159,900
4 People	\$64,300	\$96,450	\$192,900
5 People	\$75,300	\$112,950	\$225,900
6 People	\$86,300	\$129,450	\$258,900
7 People	\$97,300	\$145,950	\$291,900
8 People	\$108,300	\$162,450	\$324,900

- Family Size: For each additional family member with more than 8 members, add \$5,500 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.