

BJC Financial Assistance Income and Discount Schedule

Effective Jan. 15, 2026

Table I: Family Income Ranges for Financial Assistance

Family Size	200% FPL	300% FPL
1 Person	\$31,920	\$47,880
2 People	\$43,280	\$64,920
3 People	\$54,640	\$81,960
4 People	\$66,000	\$99,000
5 People	\$77,360	\$100,000
6 People	\$88,720	\$100,000
7 People	\$100,000	\$100,000
8 People	\$100,000	\$100,000

- Family Size: For each additional family member with more than 8 members, add \$5,680 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	200% FPL or less	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, 2026

**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	\$31,920	\$47,880	\$95,760
2 People	\$43,280	\$64,920	\$129,840
3 People	\$54,640	\$81,960	\$163,920
4 People	\$66,000	\$99,000	\$198,000
5 People	\$77,360	\$116,040	\$232,080
6 People	\$88,720	\$133,080	\$266,160
7 People	\$100,080	\$150,120	\$300,240
8 People	\$111,440	\$167,160	\$334,320

- Family Size: For each additional family member with more than 8 members, add \$5,680 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	200% FPL or less	201–300% FPL	301–600% FPL
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.