

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	\$12,060	\$18,090	\$24,120	\$30,150	\$36,180
2 People	\$16,240	\$24,360	\$32,480	\$40,600	\$48,720
3 People	\$20,420	\$30,630	\$40,840	\$51,050	\$61,260
4 People	\$24,600	\$36,900	\$49,200	\$61,500	\$73,800
5 People	\$28,780	\$43,170	\$57,560	\$71,950	\$86,340
6 People	\$32,960	\$49,440	\$65,920	\$82,400	\$98,880
7 People	\$37,140	\$55,710	\$74,280	\$92,850	\$100,000
8 People	\$41,320	\$61,980	\$82,640	\$100,000	\$100,000

- Family Size: For each additional family member over 8 members, add \$4,180 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 U.S. 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:	0%	Co-pay + 5%	Co-pay + 10%	Co-pay + 20%	Co-pay + 25%
Co-pays:					
Hospitals		BJC Medical Group		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 stay		Medical Equipment: \$25 per piece	
Therapy: \$10 per visit		Outpatient Visit: \$25 per visit			
CATASTROPHIC FINANCIAL ASSISTANCE					
<p>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. In addition, the financial responsibility of a patient qualifying for financial assistance will be limited to 25 percent of annual family income for any 12-month period.</p> <p>Patients must inform the hospital of subsequent visits within a 12-month period in order to receive catastrophic financial assistance.</p>					

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	\$24,120	\$72,360
2 People	\$32,480	\$97,440
3 People	\$40,840	\$122,520
4 People	\$49,200	\$147,600
5 People	\$57,560	\$172,680
6 People	\$65,920	\$197,760
7 People	\$74,280	\$222,840
8 People	\$82,640	\$247,920

- Family Size: For each additional family member over 8 members, add \$4,180 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 U.S. 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:	0%	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 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.
Patients must inform the hospital of subsequent visits within a 12-month period in order to receive catastrophic financial assistance.