

**FINANCIAL ASSISTANCE
INCOME AND DISCOUNT SCHEDULE**

TABLE 1: FAMILY INCOME RANGES FOR FINANCIAL ASSISTANCE

FAMILY SIZE	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	350% FPL	400% FPL
1 PERSON	\$15,960	\$23,940	\$31,920	\$39,900	\$47,880	\$55,860	\$63,840
2 PEOPLE	\$21,640	\$32,460	\$43,280	\$54,100	\$64,920	\$75,740	\$86,560
3 PEOPLE	\$27,320	\$40,980	\$54,640	\$68,300	\$81,960	\$95,620	\$109,280
4 PEOPLE	\$33,000	\$49,500	\$66,000	\$82,500	\$99,000	\$115,500	\$132,000
5 PEOPLE	\$38,680	\$58,020	\$77,360	\$96,700	\$116,040	\$135,380	\$154,720
6 PEOPLE	\$44,360	\$66,540	\$88,720	\$110,900	\$133,080	\$155,260	\$177,440
7 PEOPLE	\$50,040	\$75,060	\$100,080	\$125,100	\$150,120	\$175,140	\$200,160
8 PEOPLE	\$55,720	\$83,580	\$111,440	\$139,300	\$167,160	\$195,020	\$222,880

FPL: "FEDERAL POVERTY LEVEL" IS DETERMINED ANNUALLY BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

TABLE 2: 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	301% - 400% FPL
PATIENT'S DISCOUNT	n/a	n/a	n/a	n/a	60% or AGB Rate	AGB Rate
PATIENT PAYS	CO-PAY	CO-PAY	CO-PAY	CO-PAY	40% or AGBRate	

CO-PAYS

	LESS THAN 100% FPL	101% - 150% FPL	151% - 200% FPL	201% - 250% FPL	251% - 300% FPL	301% - 400% FPL
INPATIENT HOSPITAL (PER STAY)	\$22 - \$235	\$330 - \$450	\$585 - \$900	\$945	Discount of Current AGB Rate applies	
OUTPATIENT HOSPITAL/PHYSICIAN (PER DAY)	\$15 - \$30	\$30 - \$35	\$35 - \$45	\$50		
OTHER OUTPATIENT (PER ENCOUNTER)	\$30 - \$185	\$250 - \$335	\$425 - \$645	\$680		

NJFAP COPAYS BY FPL	(N)	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
	0 to 40%	41-62 %	63-81 %	82-100 %	101-117 %	118-133 %	134-159 %	160-185 %	186-200 %	201-250 %	251% - 300%	301-400 %
INPATIENT HOSPITAL (PER STAY)	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$630	60% discount or AGB Rate- whichever is higher	AGB Rate
Inpatient PHYSICIAN (PER STAY)	\$7	\$35	\$55	\$80	\$110	\$150	\$195	\$270	\$300	\$315		
OUTPATIENT Specialty	\$15	\$25	\$25	\$30	\$30	\$35	\$35	\$45	\$45	\$50		
REHAB SERVICES	\$7	\$15	\$15	\$20	\$20	\$25	\$25	\$35	\$35	\$40		
Ambulatory	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$630		
LAB or Basic Radiology or Other testing	\$5	\$10	\$10	\$15	\$15	\$20	\$20	\$30	\$30	\$35		
High Tech Radiology	\$30	\$90	\$130	\$185	\$250	\$335	\$425	\$580	\$645	\$680		
Pharmacy	\$5	\$10	\$10	\$15	\$15	\$20	\$20	\$30	\$30	\$35	\$40	\$45