

**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	\$14,580	\$21,870	\$29,160	\$36,450	\$43,740	\$51,030	\$58,320
2 PEOPLE	\$19,720	\$29,580	\$39,440	\$49,300	\$59,160	\$69,020	\$78,880
3 PEOPLE	\$24,860	\$37,290	\$49,720	\$62,150	\$74,580	\$87,010	\$99,440
4 PEOPLE	\$30,000	\$45,000	\$60,000	\$75,000	\$90,000	\$105,000	\$120,000
5 PEOPLE	\$35,140	\$52,710	\$70,280	\$87,850	\$105,420	\$122,990	\$140,560
6 PEOPLE	\$40,280	\$60,420	\$80,560	\$100,700	\$120,840	\$140,980	\$161,120
7 PEOPLE	\$45,420	\$68,130	\$90,840	\$113,550	\$136,260	\$158,970	\$181,680
8 PEOPLE	\$50,560	\$75,840	\$101,120	\$126,400	\$151,680	\$176,960	\$202,240

- FAMILY SIZE: FOR EACH ADDITIONAL FAMILY MEMBER OVER 8 MEMBERS, ADD \$4,160 TO INCOME. PATIENTS WITH FAMILY 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	J rate K rate 301-350% L rate 351-400%	
						301% - 400% FPL	current year AGB Rate or 60% disc current year AGB Rate or 60% disc
PATIENT'S DISCOUNT	n/a	n/a	n/a	n/a	60%	60%	whichever is less
PATIENT PAYS	CO-PAY	CO-PAY	CO-PAY	CO-PAY	40%	40%	whichever is less
CO-PAYS							
INPATIENT HOSPITAL (PER STAY)	\$22 - \$235	\$330 - \$450	\$585 - \$900	\$945	Discount of 60% applies	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)
	0 to 40%	41-62 %	63-81 %	82-100 %	101-117 %	118-133 %	134-159 %	160-185 %	186-200 %	201-250 %
INPATIENT HOSPITAL (PER STAY)	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$630
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