

**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	\$15,060	\$22,590	\$30,120	\$37,650	\$45,180	\$52,710	\$60,240
2 PEOPLE	\$20,440	\$30,660	\$40,880	\$51,100	\$61,320	\$71,540	\$81,760
3 PEOPLE	\$25,820	\$38,730	\$51,640	\$64,550	\$77,460	\$90,370	\$103,280
4 PEOPLE	\$31,200	\$46,800	\$62,400	\$78,000	\$93,600	\$109,200	\$124,800
5 PEOPLE	\$36,580	\$54,870	\$73,160	\$91,450	\$109,740	\$128,030	\$146,320
6 PEOPLE	\$41,960	\$62,940	\$83,920	\$104,900	\$125,880	\$146,860	\$167,840
7 PEOPLE	\$47,340	\$71,010	\$94,680	\$118,350	\$142,020	\$165,690	\$189,360
8 PEOPLE	\$52,720	\$79,080	\$105,440	\$131,800	\$158,160	\$184,520	\$210,880

- 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	301% - 400% FPL
PATIENT'S DISCOUNT	n/a	n/a	n/a	n/a	60%	AGB Rate
PATIENT PAYS	CO-PAY	CO-PAY	CO-PAY	CO-PAY	40%	AGB Rate
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