

**Financial Assistance Discount Levels and Qualifications**

<b>Discount Level</b>	<b>Description</b>	<b>Income % of FPL</b>
HCAP*	100% Discount Free Care	100% or less
Tier 1*	100% Discount Free Care	101 – 138%
Tier 2	75% Discount	139 – 225%
Tier 3	60% Discount	226 – 300%
Uninsured	40% Discount	301% or more

**Maximum Income Levels for Discounts by Tier**  
Effective March 1st, 2025

<b>Family Size</b>	<b>HCAP*</b>	<b>Tier 1*</b>	<b>Tier 2</b>	<b>Tier 3</b>
<b>Discount %</b>	100%	100%	75%	60%
1	\$ 15,650.00	\$ 21,597.00	\$ 35,212.50	\$ 46,950.00
2	\$ 21,150.00	\$ 29,187.00	\$ 47,587.50	\$ 63,450.00
3	\$ 26,650.00	\$ 36,777.00	\$ 59,962.50	\$ 79,950.00
4	\$ 32,150.00	\$ 44,367.00	\$ 72,337.50	\$ 96,450.00
5	\$ 37,650.00	\$ 51,957.00	\$ 84,712.50	\$ 112,950.00
6	\$ 43,150.00	\$ 59,547.00	\$ 97,087.50	\$ 129,450.00
7	\$ 48,650.00	\$ 67,137.00	\$ 109,462.50	\$ 145,950.00
8	\$ 54,150.00	\$ 74,727.00	\$ 121,837.50	\$ 162,450.00
<b>Each Additional Family Member Add</b>	\$ 5,500.00	\$ 7,590.00	\$ 12,375.00	\$ 16,500.00

\*Applicants qualifying for HCAP or assistance discounts are required to apply for Medicaid coverage and must present denial documentation in order to be eligible for HCAP or assistance discounts.

<sup>a</sup> Federal Poverty Level guidelines in current publication (in the Federal Register) on the date of admission or service shall be used to determine eligibility for assistance.