

# CHARITY CARE AND REDUCED CHARITY CARE ELIGIBILITY CRITERIA

Effective: March 15, 2023

Patients Must Meet Both The Income and Assets Criteria

## INCOME CRITERIA

Percentage of Rate Paid By Patient When  
Gross Annual Income is Within the Following Ranges

	Patient Pays 0% of Rate	Patient Pays 20% of Rate	Patient Pays 40% of Rate	Patient Pays 60% of Rate	Patient Pays 80% of Rate	Patient Pays 100% of Rate
Family Size*	<=200%	>200<=225%	>225<=250%	>250<=275%	>275<=300%	>300%
1	\$29,160 or less	\$29,161 to \$32,805	\$32,806 to \$36,450	\$36,451 to \$40,095	\$40,096 to \$43,740	\$43,741 or more
2	\$39,440 or less	\$39,441 to \$44,370	\$44,371 to \$49,300	\$49,301 to \$54,230	\$54,231 to \$59,160	\$59,161 or more
3	\$49,720 or less	\$49,721 to \$55,935	\$55,936 to \$62,150	\$62,151 to \$68,365	\$68,366 to \$74,580	\$74,581 or more
4	\$60,000 or less	\$60,001 to \$67,500	\$67,501 to \$75,000	\$75,001 to \$82,500	\$82,501 to \$90,000	\$90,001 or more
5	\$70,280 or less	\$70,281 to \$79,065	\$79,066 to \$87,850	\$87,851 to \$96,635	\$96,636 to \$105,420	\$105,421 or more
6	\$80,560 or less	\$80,561 to \$90,630	\$90,631 to \$100,700	\$100,701 to \$110,770	\$110,771 to \$120,840	\$120,841 or more
7	\$90,840 or less	\$90,841 to \$102,195	\$102,196 to \$113,550	\$113,551 to \$124,905	\$124,906 to \$136,260	\$136,261 or more
8	\$101,120 or less	\$101,121 to \$113,760	\$113,761 to \$126,400	\$126,401 to \$139,040	\$139,041 to \$151,680	\$151,681 or more
For families with more than 8 members, add the following amounts to the highest amount in each column for each additional family member.						
	\$10,280	\$11,565	\$12,850	\$14,135	\$15,420	
*A pregnant woman is counted as 2 family members.						
If patients on the 20% to 80% sliding fee scale are responsible for qualified out-of-pocket paid medical expenses in excess of 30% of their gross annual income (i.e. bills unpaid by other parties), then the amount in excess of 30% is considered hospital payment assistance (charity care).						

## ASSETS CRITERIA

Individual assets cannot exceed \$7,500 and family assets cannot exceed \$15,000.

March, 2022



Affordable health coverage. Quality care.

# Income Chart effective January 1, 2023

1-800-701-0710  
 TTY: 711  
 www.njfamilycare.org

FAMILY SIZE *	Adult(s) (Age 19-64)	Plan First** (Family Planning)	NJSPCP** & Pregnant Women (Any Age)	Children (Under Age 19)					
	Federal Poverty Level % (FPL)								
	0 - 138%	> 138 - 205%	0 - 205%	0 - 147%	> 147 - 150%	> 150 - 200%	> 200 - 250%	> 250 - 300%	> 300 - 355%
	Maximum Monthly Income								
1	\$1,677	\$2,491	\$2,491	\$1,787	\$1,823	\$2,430	\$3,038	\$3,645	\$4,314
2	\$2,268	\$3,369	\$3,369	\$2,416	\$2,465	\$3,287	\$4,109	\$4,930	\$5,834
3	\$2,859	\$4,247	\$4,247	\$3,046	\$3,108	\$4,144	\$5,180	\$6,215	\$7,355
4	\$3,450	\$5,125	\$5,125	\$3,675	\$3,750	\$5,000	\$6,250	\$7,500	\$8,875
5	\$4,042	\$6,004	\$6,004	\$4,305	\$4,393	\$5,857	\$7,321	\$8,785	\$10,396
6	\$4,633	\$6,882	\$6,882	\$4,935	\$5,035	\$6,714	\$8,392	\$10,070	\$11,917
Each Additional	\$592	\$879	\$879	\$630	\$643	\$857	\$1,071	\$1,285	\$1,521
Monthly Premium	No premium	No premium	No premium	No premium	No premium	No premium	No premium	No premium	No premium
Copayments	No copay	No copay	No copay	No copay	No copay	\$5 - \$10	\$5 - \$35	\$5 - \$35	\$5 - \$35

\* The size of your family may be determined by the **total number** of parent(s) or caretaker(s), and all blood-related children under the age of 21 **who are tax dependent, as well as any other tax dependent** residing in the home.

\*\* Plan First and NJSPCP do not meet the minimum essential health care coverage requirement.