

Financial Assistance Discount Levels and Qualifications

<i>Discount Level</i>	<i>Description</i>	<i>Income % of FPL</i>
<i>HCAP*</i>	<i>100% Discount Free Care</i>	<i>100% or less</i>
<i>Tier 1*</i>	<i>100% Discount Free Care</i>	<i>101 – 138%</i>
<i>Tier 2</i>	<i>75% Discount</i>	<i>139 – 225%</i>
<i>Tier 3</i>	<i>61% Discount</i>	<i>226 – 300%</i>
<i>Uninsured</i>	<i>40% Discount</i>	<i>301% or more</i>

Maximum Income Levels for Discounts by Tier

Effective February 1st, 2026

<i>Family Size</i>	<i>HCAP*</i>	<i>Tier 1*</i>	<i>Tier 2</i>	<i>Tier 3</i>
<i>Discount %</i>	<i>100%</i>	<i>100%</i>	<i>75%</i>	<i>61%</i>
1	\$ 15,960.00	\$ 22,024.80	\$ 35,910.00	\$ 47,880.00
2	\$ 21,640.00	\$ 29,863.20	\$ 48,690.00	\$ 64,920.00
3	\$ 27,320.00	\$ 37,701.60	\$ 61,470.00	\$ 81,960.00
4	\$ 33,000.00	\$ 45,540.00	\$ 74,250.00	\$ 99,000.00
5	\$ 38,680.00	\$ 53,378.40	\$ 87,030.00	\$ 116,040.00
6	\$ 44,360.00	\$ 61,216.80	\$ 99,810.00	\$ 133,080.00
7	\$ 50,040.00	\$ 69,055.20	\$ 112,590.00	\$ 150,120.00
8	\$ 55,720.00	\$ 76,893.60	\$ 125,370.00	\$ 167,160.00
Each Additional Family Member Add	\$ 5,680.00	\$ 7,838.40	\$ 12,780.00	\$ 17,040.00

**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.*

^a 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.