



New Jersey Charity Care, and Inspira Health Network Financial Assistance Program Eligibility Criteria

Effective: March 15, 2023

NJ CC	100%	80%	60%	20%	40%	20%	20%	40%	50%	40%	30%	20%	10%	No W/O
Family Size	Patient Pays 0% of Rate	Patient Pays 20% of Rate	Patient Pays 20%* of Rate	Patient Pays 40%** of Rate	Patient Pays 40%*** of Rate	Patient Pays 50% of Rate	Patient Pays 60% of Rate	Patient Pays 70% of Rate	Patient Pays 80% of Rate	Patient Pays 90% of Rate	Patient Pays 100% of Rate			
	<=200%	>200%<=225%	>225%<=250%	>250%<=275%	>275%<=300%	>300%<=350%	>350%<=400%	>400%<=450%	>450%<=500%	>500%<=550%	>550%			
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 to \$ 51,030	\$ 51,031 to \$ 58,320	\$ 58,321 to \$ 65,610	\$ 65,611 to \$ 72,900	\$ 72,901 to \$ 80,190	\$ 80,191 to 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 to \$ 64,090	\$ 64,091 to \$ 69,020	\$ 69,021 to \$ 73,950	\$ 73,951 to \$ 78,880	\$ 78,881 to \$ 83,810	\$ 83,811 to 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 to \$ 80,795	\$ 80,796 to \$ 87,010	\$ 87,011 to \$ 93,225	\$ 93,226 to \$ 99,440	\$ 99,441 to \$ 105,655	\$ 105,656 to 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 to \$ 97,500	\$ 97,501 to \$ 105,000	\$ 105,001 to \$ 112,500	\$ 112,501 to \$ 120,000	\$ 120,001 to \$ 127,500	\$ 127,501 to 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 to \$ 114,205	\$ 114,206 to \$ 122,990	\$ 122,991 to \$ 131,775	\$ 131,776 to \$ 140,560	\$ 140,561 to \$ 149,345	\$ 149,346 to 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 to \$ 130,910	\$ 130,911 to \$ 140,980	\$ 140,981 to \$ 151,050	\$ 151,051 to \$ 161,120	\$ 161,121 to \$ 171,190	\$ 171,191 to 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 to \$ 147,615	\$ 147,616 to \$ 158,970	\$ 158,971 to \$ 170,325	\$ 170,326 to \$ 181,680	\$ 181,681 to \$ 193,035	\$ 193,036 to 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 to \$ 164,320	\$ 164,321 to \$ 176,960	\$ 176,961 to \$ 189,600	\$ 189,601 to \$ 202,240	\$ 202,241 to \$ 214,880	\$ 214,881 to or more			
	\$ 10,280	\$ 11,565	\$ 12,850	\$ 14,135	\$ 15,420	\$ 16,705	\$ 17,990	\$ 19,275	\$ 20,560	\$ 21,845	\$ 23,130			

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	\$ 16,705	\$ 17,990	\$ 19,275	\$ 20,560	\$ 21,845	\$ 23,130
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If patient on the >200% to <=300% sliding fee scale for NJ Funded Charity Care, are responsible for qualified out-of-pocket paid medical expenses in excess of 30% of their gross annual income, then the amount in excess of 30% is considered hospital payment assistance(NJ funded Charity Care)

*A pregnant woman is counted as 2 family members.

ASSET CRITERIA

New Jersey Charity Care Program

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

Inspira Health Network Financial Assistance Program

- Any patient with Assets in Excess of \$50,000 maybe required to provide proof of assets.
- The application must be reviewed by the PBS Patient Access Manager or PBS Director and approval will be based on their discretion.

- * - If patient qualifies for New Jersey Charity Care, then New Jersey Charity Care Discount - 60% & IMC Discount - 20% = Total Discount of 80%
- ** - If patient qualifies for New Jersey Charity Care, then New Jersey Charity Care Discount - 40% & IMC Discount - 20% = Total Discount of 60%
- *** - If patient qualifies for New Jersey Charity Care, then New Jersey Charity Care Discount - 20% & IMC Discount - 40% = Total Discount of 60%

2023 Poverty Level:

1	\$14,580	Households with more than 8 persons, add \$5,140 for each additional person.
2	\$19,720	
3	\$24,860	

4	<i>\$30,000</i>
5	<i>\$35,140</i>
6	<i>\$40,280</i>
7	<i>\$45,420</i>
8	<i>\$50,560</i>