Financial Aid Eligibility Chart
Gross Income Categories
2026 Poverty Level Schedule / Fee Scale
Addendum 1

Financial Assistance Sliding Fee Scale Table

Effective 01/01/2026

Federal Poverty Levels	200% FPL	201 - 300% FPL	301 - 400% FPL	401 - 500% FPL	501 - 600% FPL
Household Size	**Group I**	**Group II**	**Group III**	**Group IV**	**Group V**
1	$31,920	$47,880	$63,840	$79,800	$95,760
2	$43,280	$64,920	$86,560	$108,200	$129,840
3	$54,640	$81,960	$109,280	$136,600	$163,920
4	$66,000	$99,000	$132,000	$165,000	$198,000
5	$77,360	$116,040	$154,720	$193,400	$232,080
6	$88,720	$133,080	$177,440	$221,800	$266,160
7	$100,080	$150,120	$200,160	$250,200	$300,240
Discounted Fee Schedule					
Medical Clinic Visit	$0	$20	$40	$60	$70
Behavioral Health Clinic Visit	$0	$10	$20	$40	$50
Woundcare Visit	$0	$40	$80	$120	$160
Emergency Room Visit	$0	$30	$70	$100	$140
Observation	$0	$100	$190	$290	$380
Ambulatory Surgery	$0	$230	$460	$680	$910
Inpatient Hospital Stay	$0	$930	$1870	$2800	$3720
Co-pays, Co-insurance & Deductibles	***$0***	**10% of Cost Sharing**	**20% of Cost Sharing**	**30% of Cost Sharing**	**40% of Cost Sharing**

For those physicians / Groups NOT covered by Hospital's Financial Assistance Policy, please contact their respective billing entity directly to discuss any financial hardship.

For patients whose household income exceeds the eligibility criteria for income-based discounts, the applicable charges will be calculated according to the St. John's Episcopal Hospital Self-Pay rate for the year 2026. This rate reflects the standard fees for services when financial assistance is not available or applicable.