



Cox Health Financial Assistance Income and Discount Schedule

Table I: Family Income Ranges for Financial Assistance

Family Size	100% FPL	150% FPL	200%FPL	250% FPL	300% FPL
1 Person	\$12,490	\$18,735	\$24,980	\$31,225	\$37,470
2 People	\$16,910	\$25,365	\$33,820	\$42,275	\$50,730
3 People	\$21,330	\$31,995	\$42,660	\$53,325	\$63,990
4 People	\$25,750	\$38,625	\$51,500	\$64,375	\$77,250
5 People	\$30,170	\$45,255	\$60,340	\$75,425	\$90,510
6 People	\$34,590	\$51,885	\$69,180	\$86,475	\$103,770
7 People	\$39,010	\$58,515	\$78,020	\$97,525	\$117,030
8 People	\$43,430	\$65,145	\$86,860	\$108,575	\$130,290

- Family Size: For each additional family member over 8 members, add \$4,420 to income. Patients with family income over \$100,000 will not be eligible for Financial Assistance, regardless of family size.
- FPL: “Federal Poverty Level” is determined yearly by the U.S. Department of Health and Human Services. **Updated annually – effective March 2019**

Table II: Amount of Discount and Patient Responsibility

Patient's Household Income	Less than 100% FPL	101 – 150% FPL	151 – 200% FPL	201 – 250% FPL	HOSPITAL ONLY 251 – 300% FPL
Patient's Discount	95%	90%	85%	80%	75%
Patient Pays	Co-Pay + 5%	Co-Pay + 10%	Co-Pay + 15%	Co-Pay + 20%	Co-Pay + 25%
CO-PAYS:					
Physician Office Copay	\$35.00	\$40.00	\$45.00	\$50.00	N/A
Physician Hospital Services Copay	\$60.00	\$65.00	\$70.00	\$75.00	N/A
Hospital Inpatient Copay	\$300 per stay	\$300 per stay	\$300 per stay	\$300 per stay	\$300 per stay
Hospital Outpatient Copay	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit
Hospital Emergency Dept. Copay	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit
Home Care Medical Equipment Copay	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit

Updated 03/2019