



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	\$12,140	\$18,210	\$24,280	\$30,350	\$36,420
2 People	\$16,460	\$24,690	\$32,920	\$41,150	\$49,380
3 People	\$20,780	\$31,170	\$41,560	\$51,950	\$62,340
4 People	\$25,100	\$37,650	\$50,200	\$62,750	\$75,300
5 People	\$29,420	\$44,130	\$58,840	\$73,550	\$88,260
6 People	\$33,740	\$50,610	\$67,480	\$84,350	\$101,220
7 People	\$38,060	\$57,090	\$76,120	\$95,150	\$114,180
8 People	\$42,380	\$63,570	\$84,760	\$105,950	\$127,140

- Family Size: For each additional family member over 8 members, add \$4,329 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 January 2018**

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 11/2018