

**Financial Assistance Policy  
(GL-2555)**

**Appendix 2**

**Discount Level (Effective April 2021)**

**Uninsured Discount:** Gundersen St. Joseph’s Hospital and Clinics will provide a **46.2%** uninsured discount at the time that the undiscounted charges are rendered. This discount will be applied to the accounts of patients with no coverage for payment from health insurance and/or other third party payors.

**Discount for Eligible Gundersen Clinic Services:** Applicants with Annual Income at or below 200% of the current FPL will qualify for free care. Applicants with Annual Income over 201% of the current FPL and meeting asset threshold and with household income:

1. Above 201% FPL but equal to or less than 225% FPL are eligible to receive a 80% discount
2. Above 225% FPL but equal to or less than 250% FPL are eligible to receive a 60% discount
3. Above 250% FPL but equal to or less than 275% FPL are eligible to receive a 40% discount
4. Above 275% FPL but equal to or less than 400% FPL are eligible to receive a 20% discount

**Income :** The following figures are the 2021 Health and Human Services poverty guidelines which were published in the Federal Register on January 13, 2021.

Persons in Family/Household	Asset Threshold for Applicants over 201% of FPL					
	200%	225%	250%	275%	400%	
1	\$25,760	\$77,280	\$28,980	\$32,200	\$35,420	\$51,520
2	\$34,840	\$104,520	\$39,195	\$43,550	\$47,905	\$69,680
3	\$43,920	\$131,760	\$49,410	\$54,900	\$60,390	\$87,840
4	\$53,000	\$159,000	\$59,625	\$66,250	\$72,875	\$106,000
5	\$62,080	\$186,240	\$69,840	\$77,600	\$85,360	\$124,160
6	\$71,160	\$213,480	\$80,055	\$88,950	\$97,845	\$142,320
7	\$80,240	\$240,720	\$90,270	\$100,300	\$110,330	\$160,480
8	\$89,320	\$267,960	\$100,485	\$111,650	\$122,815	\$178,640