

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

Appendix 2

Discount Level (Effective April 2024)

Uninsured Discount: Gundersen St. Joseph’s Hospital and Clinics will provide a **41.9%** 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 2024 Health and Human Services poverty guidelines which were published in the Federal Register on January 2024.

Persons in Family/Household	Asset Threshold for Applicants over 201% of FPL					
	200%	225%	250%	275%	400%	
1	\$30,120	\$90,360	\$33,885	\$37,650	\$41,415	\$60,240
2	\$40,880	\$122,640	\$45,990	\$51,100	\$56,210	\$81,760
3	\$51,640	\$154,920	\$58,092	\$64,550	\$71,005	\$103,280
4	\$62,400	\$187,200	\$70,200	\$78,000	\$85,800	\$124,800
5	\$73,160	\$219,480	\$82,305	\$91,450	\$100,595	\$146,320
6	\$83,920	\$251,760	\$94,410	\$104,900	\$115,390	\$167,840
7	\$94,680	\$284,040	\$106,515	\$118,350	\$130,185	\$189,360
8	\$105,440	\$316,320	\$118,620	\$131,800	\$144,980	\$210,880