Family Size	0-125% 0 Payment	126% - 150% 25% Payment	151% - 175% 50% Payment	176% - 200% 75% Payment	< 300% IL Uninsured Discount
1	0 - 19,950	19,951 - 23,940	23,941 - 27,930	27,931 - 31,920	< 47,880
2	0 - 27,050	27,051 - 32,460	32,461 - 37,870	37,871 - 43,280	< 64,920
3	0 - 34,150	34,151 - 40,980	40,981 - 47,810	47,811 - 54,640	< 81,960
4	0 - 41,250	41,250 - 49,500	49,501 - 57,750	57,751 - 66,000	< 99,000
5	0 - 48,350	48,351 - 58,020	58,021 - 67,690	67,691 - 77,360	< 116,040
6	0 - 55,450	55,451 - 66,540	66,541 - 77,630	77,631 - 88,720	< 133,080
7	0 - 62,550	62,551 - 75,060	75,061 - 87,570	87,571 - 100,080	< 150,120
8	0 - 69,650	69,651 - 83,580	83,581 - 97,510	97,511 - 111,440	< 167,160

For each additional
Person, Add $5,680

Eligible patients will receive the greater of the discounts available under the Hospital Financial Assistance
Policy or the Illinois Uninsured Patient Discount Act.

updated 6/17/2026