



Financial Assistance Policy Updated January 1, 2025

APPENDIX A

**Federal Poverty Guidelines (FPG)
Effective February 2025**

2025		250%** FPG	275%** FPG	300%** FPG	325%** FPG	400%** FPG	550%** FPG
Size of Family	Poverty Guideline	100% Awarded	75% Awarded	50% Awarded	25% Awarded	25% Awarded	15% Awarded
1	\$15,650	\$39,125	\$43,038	\$46,950	\$50,863	\$62,600	\$86,075
2	\$21,150	\$52,875	\$58,163	\$63,450	\$68,738	\$84,600	\$116,325
3	\$26,650	\$66,625	\$73,288	\$79,950	\$86,613	\$106,600	\$146,575
4	\$32,150	\$80,375	\$88,413	\$96,450	\$104,488	\$128,600	\$176,825
5	\$37,650	\$94,125	\$103,538	\$112,950	\$122,363	\$150,600	\$207,075
6	\$43,150	\$107,875	\$118,663	\$129,450	\$140,238	\$172,600	\$237,325
7	\$48,650	\$121,625	\$133,788	\$145,950	\$158,113	\$194,600	\$267,575
8	\$54,150	\$135,375	\$148,913	\$162,450	\$175,988	\$216,600	\$297,825

** For families with more than 8 members, add \$5,500 (** multiplying factor) for each additional member.

Medically Indigent/Catastrophic Financial Assistance

Medically Indigent/Catastrophic Eligibility if patient's annual gross family income exceeds 550% FPG	
Balance Due	Discount
Balance due is \geq 100% of patient's annual gross family income	90% of balance due
Balance due is \geq 90% of patient's annual gross family income	85% of balance due
Balance due is \geq 80% of patient's annual gross family income	80% of balance due
Balance due is \geq 70% of patient's annual gross family income	75% of balance due
Balance due is \geq 60% of patient's annual gross family income	70% of balance due
Balance due is \geq 50% of patient's annual gross family income	65% of balance due



Amount Generally Billed* (AGB) & Uninsured Discount

Facility/Physician Group	Amount Generally Billed (AGB) 2025	Uninsured Discount 2025
Backus Hospital	34%	69%
The Charlotte Hungerford Hospital	31%	69%
Hartford HealthCare Medical Group	36%	69%
Hartford Hospital	36%	69%
Hartford HealthCare at Home	36%	69%
Hospital of Central Connecticut	36%	69%
MidState Medical Center	37%	69%
Natchaug	48%	69%
Rushford	33%	69%
St. Vincent's Medical Center	32%	69%
Windham Hospital	36%	69%

* AGB rates are calculated using all allowable claims including commercial, Medicare and Medicaid claims using period YTD September 2024. Each facility AGB will be calculated annually and effective on 01/01 of the next year. The percentage discount most favorable to patients eligible for discounted care under this policy for 2025 would be to pay no more than 31% of gross charges across all Hartford HealthCare locations, services and facilities.