CENTRAL JERSEY MEDICAL CENTER

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FEDERAL POVERTY GUIDELINE (SLIDING FEE SCALE)
EFFECTIVE March 1st 2025

PERCENTAGE OF CHARGES PAID BY A PATIENT WHEN GROSS ANNUAL INCOME AND FAMILY SIZE IS WITHIN THE FOLLOWING RANGES

	Medicaid <138%	New Jersey Family Care < 355%								
		Uncompensated Care (Charity Care) - Discount Applies if > 100% of Federal Poverty Guideline (FPG) but < or = to 250% (FPG)								
		HRSA National Health Services Corp - Discount applies if > 100% of FPG but < or = to 200% FPG								
	A	B	C	D	E	F	G	H	I	J
	Nominal Charge $20	Patient Pays $30	Patient Pays $40	Patient Pays $55	Patient Pays $60	Patient Pays $65	Patient Pays $70	Flat Fee $100	Flat Fee $100	Flat Fee $100
Family Size	at or below 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	201% - 225%	226% - 250%	251% - 275%	276% - 300%	> 300%
1	15,650	15,651 - 19,563	19,564 - 23,475	23,476 - 27,388	27,389 - 31,300	31,301 - 35,213	35,214 - 39,125	39,126 - 43,038	43,039 - 46,950	46,951 or More
2	21,150	21,151 - 26,438	26,439 - 31,725	31,726 - 37,013	37,014 - 42,300	42,301 - 47,588	47,589 - 52,875	52,876 - 58,163	58,164 - 63,450	63,451 or More
3	26,650	26,651 - 33,313	33,314 - 39,975	39,976 - 46,638	46,639 - 53,300	53,301 - 59,963	59,964 - 66,625	66,626 - 73,288	73,289 - 79,950	79,951 or More
4	32,150	32,151 - 40,188	40,189 - 48,225	48,226 - 56,263	56,264 - 64,300	64,301 - 72,338	72,339 - 80,375	80,376 - 88,413	88,414 - 96,450	96,451 or More
5	37,650	37,651 - 47,063	47,064 - 56,475	56,476 - 65,888	65,889 - 75,300	75,301 - 84,713	84,714 - 94,125	94,126 - 103,538	103,539 - 112,950	112,951 or More
6	43,150	43,151 - 53,938	53,939 - 64,725	64,726 - 75,513	75,514 - 86,300	86,301 - 97,088	97,089 - 107,875	107,876 - 118,663	118,664 - 129,450	129,451 or More
7	48,650	48,651 - 60,813	60,814 - 72,975	72,976 - 85,138	85,139 - 97,300	97,301 - 109,463	109,464 - 121,625	121,626 - 133,788	133,789 - 145,950	145,951 or More
8	54,150	54,151 - 67,688	67,689 - 81,225	81,226 - 94,763	94,764 - 108,300	108,301 - 121,838	121,839 - 135,375	135,376 - 148,913	148,914 - 162,450	162,451 or More
For Each Additinional Person ,	5,500	6,875	8,250	9,625	11,000	12,375	13,750	15,125	16,500	

*** NOTE: 1- Count a pregnant woman as two (2) family members**

2- CJMC updates this scale annually based on the current Federal Poverty Guideline (FPG)