

MOSAIC HEALTH, Inc.
SLIDING FEE DISCOUNT PROGRAM
INCOME GUIDELINES FOR
2024
PATIENT MEDICAL AND PHARMACY SFSD SCHEDULE

MEDICAL FEE SCHEDULE

SF Schedule		A	B		C		D		E		F	
Percent of Poverty		0% - 100%	100% - 119%		120% - 139%		140% - 159%		160% - 179%		180% - 200%	
Discount:		100%										
Patient Pays:		**\$10	\$ 20.00		\$ 30.00		\$ 40.00		\$ 50.00		\$ 60.00	
Family Size	Federal Poverty Guidelines	Less than or equal to Poverty	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to
1	15,060	15,060	15,061	17,921	17,922	20,933	20,934	23,945	23,946	26,957	26,958	30,120
2	20,440	20,440	20,441	24,324	24,325	28,412	28,413	32,500	32,501	36,588	36,589	40,880
3	25,820	25,820	25,821	30,726	30,727	35,890	35,891	41,054	41,055	46,218	46,219	51,640
4	31,200	31,200	31,201	37,128	37,129	43,368	43,369	49,608	49,609	55,848	55,849	62,400
5	36,580	36,580	36,581	43,530	43,531	50,846	50,847	58,162	58,163	65,478	65,479	73,160
6	41,960	41,960	41,961	49,932	49,933	58,324	58,325	66,716	66,717	75,108	75,109	83,920
7	47,340	47,340	47,341	56,335	56,336	65,803	65,804	75,271	75,272	84,739	84,740	94,680
8	52,720	52,720	52,721	62,737	62,738	73,281	73,282	83,825	83,826	94,369	94,370	105,440
	5,380	**For family sizes greater than 8, add for each additional person										

PHARMACY FEE SCHEDULE

SF Schedule	Patient Pays†
A	\$5.00 fee per prescription with a \$30.00 maximum paid per month
B	\$6.00 per prescription
C	\$7.00 per prescription
D	\$8.00 per prescription
E	\$9.00 per prescription
F	\$10.00 per prescription
None	Patient pays 100% of charges*

Source of Federal Poverty Guidelines:

The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). Poverty Guidelines are for the 48 Contiguous States and D.C. Alaska and Hawaii have different Guidelines.

†Patient charges are calculated based on the supply cost of the medication plus inventory fees and dispensing fees.

**Nominal Fee is waived for patients at the school based health centers

Approved by BOD on 2/6/2024

MOSAIC HEALTH, Inc.
SLIDING FEE DISCOUNT PROGRAM
INCOME GUIDELINES FOR
2024
BEHAVIORAL HEALTH SFSD SCHEDULE

BEHAVIORAL HEALTH FEE SCHEDULE

SF Schedule		A	B		C		D		E		F	
Percent of Poverty		0% - 100%	100% - 119%		120% - 139%		140% - 159%		160% - 179%		180% - 200%	
Discount:		100%										
Patient Pays:		**\$10	\$ 11.00		\$ 12.00		\$ 13.00		\$ 14.00		\$ 15.00	
Family Size	Federal Poverty Guidelines	Less than or equal to Poverty	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to
1	15,060	15,060	15,061	17,921	17,922	20,933	20,934	23,945	23,946	26,957	26,958	30,120
2	20,440	20,440	20,441	24,324	24,325	28,412	28,413	32,500	32,501	36,588	36,589	40,880
3	25,820	25,820	25,821	30,726	30,727	35,890	35,891	41,054	41,055	46,218	46,219	51,640
4	31,200	31,200	31,201	37,128	37,129	43,368	43,369	49,608	49,609	55,848	55,849	62,400
5	36,580	36,580	36,581	43,530	43,531	50,846	50,847	58,162	58,163	65,478	65,479	73,160
6	41,960	41,960	41,961	49,932	49,933	58,324	58,325	66,716	66,717	75,108	75,109	83,920
7	47,340	47,340	47,341	56,335	56,336	65,803	65,804	75,271	75,272	84,739	84,740	94,680
8	52,720	52,720	52,721	62,737	62,738	73,281	73,282	83,825	83,826	94,369	94,370	105,440
	5,380	**For family sizes greater than 8, add for each additional person										

Source of Federal Poverty Guidelines:

The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). Poverty Guidelines are for the 48 Contiguous States and D.C. Alaska and Hawaii have different Guidelines.

†Patient charges are calculated based on the supply cost of the medication plus inventory fees and dispensing fees.

**Nominal Fee is waived for patients at the school based health centers

Approved by BOD on 2/6/2024

MOSAIC HEALTH, Inc.
SLIDING FEE DISCOUNT PROGRAM
INCOME GUIDELINES FOR
2024
PATIENT LABORATORY and X-RAY

LABORATORY and X-RAY FEE SCHEDULE

SF Schedule		A	B		C		D		E		F	
Percent of Poverty		0% - 100%	100% - 119%		120% - 139%		140% - 159%		160% - 179%		180% - 200%	
Discount:		100%	80%		70%		60%		40%		20%	
Patient Pays:		**\$10	20%		30%		40%		60%		80%	
Family Size	Federal Poverty Guidelines	Less than or equal to Poverty	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to
1	15,060	15,060	15,061	17,921	17,922	20,933	20,934	23,945	23,946	26,957	26,958	30,120
2	20,440	20,440	20,441	24,324	24,325	28,412	28,413	32,500	32,501	36,588	36,589	40,880
3	25,820	25,820	25,821	30,726	30,727	35,890	35,891	41,054	41,055	46,218	46,219	51,640
4	31,200	31,200	31,201	37,128	37,129	43,368	43,369	49,608	49,609	55,848	55,849	62,400
5	36,580	36,580	36,581	43,530	43,531	50,846	50,847	58,162	58,163	65,478	65,479	73,160
6	41,960	41,960	41,961	49,932	49,933	58,324	58,325	66,716	66,717	75,108	75,109	83,920
7*	47,340	47,340	47,341	56,335	56,336	65,803	65,804	75,271	75,272	84,739	84,740	94,680
8*	52,720	52,720	52,721	62,737	62,738	73,281	73,282	83,825	83,826	94,369	94,370	105,440
	5,380	**For family sizes greater than 8, add for each additional person										

If the patient has their labs done at either a Mosaic Health owned site or at Lab Corps, fees are fully covered. Labs completed elsewhere are subject to the above sliding fee.

Source of Federal Poverty Guidelines:

The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). Poverty Guidelines are for the 48 Contiguous States and D.C. Alaska and Hawaii have different Guidelines.

†Patient charges are calculated based on the supply cost of the medication plus inventory fees and dispensing fees.

**Nominal Fee is waived for patients at the school based health centers

Approved by BOD on 2/6/2024

MOSAIC HEALTH, Inc.
SLIDING FEE DISCOUNT PROGRAM
INCOME GUIDELINES FOR
2024
PATIENT DENTAL SFSD SCHEDULE

SF Schedule		A	B		C		D		E		F		
Percent of Poverty		0% - 100%	100% - 119%		120% - 139%		140% - 159%		160% - 179%		180% - 200%		
Family Size	Federal Poverty Guidelines	Less than or equal to Poverty	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	Income at least	Income less than or equal to	
1	15,060	15,060	15,061	17,921	17,922	20,933	20,934	23,945	23,946	26,957	26,958	30,120	
2	20,440	20,440	20,441	24,324	24,325	28,412	28,413	32,500	32,501	36,588	36,589	40,880	
3	25,820	25,820	25,821	30,726	30,727	35,890	35,891	41,054	41,055	46,218	46,219	51,640	
4	31,200	31,200	31,201	37,128	37,129	43,368	43,369	49,608	49,609	55,848	55,849	62,400	
5	36,580	36,580	36,581	43,530	43,531	50,846	50,847	58,162	58,163	65,478	65,479	73,160	
6	41,960	41,960	41,961	49,932	49,933	58,324	58,325	66,716	66,717	75,108	75,109	83,920	
7*	47,340	47,340	47,341	56,335	56,336	65,803	65,804	75,271	75,272	84,739	84,740	94,680	
8*	52,720	52,720	52,721	62,737	62,738	73,281	73,282	83,825	83,826	94,369	94,370	105,440	
	5,380	**For family sizes greater than 8, add for each additional person											

Category								
Bundled Per Visit (PV) Category		10.00	20.00	30.00	40.00	50.00	60.00	
Procedures Category 1		10.00	10.00	15.00	20.00	30.00	45.00	
2		15.00	25.00	40.00	50.00	75.00	100.00	
3		25.00	35.00	55.00	75.00	110.00	150.00	
4		50.00	50.00	75.00	100.00	150.00	200.00	
5		100.00	125.00	150.00	200.00	225.00	250.00	
6		150.00	175.00	200.00	225.00	275.00	325.00	
7		235.00	250.00	275.00	300.00	325.00	350.00	
8		275.00	300.00	325.00	350.00	375.00	400.00	
9		450.00	525.00	600.00	675.00	775.00	900.00	
10		550.00	700.00	800.00	900.00	1,000.00	1,200.00	

Source of Federal Poverty Guidelines:

The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

Poverty Guidelines are for the 48 Contiguous States and D.C. Alaska and Hawaii have different Guidelines.

†Patient charges are calculated based on the supply cost of the medication plus inventory fees and dispensing fees.

**Nominal Fee is waived for patients at the school based health centers

Approved by BOD on 2/6/2024