INCOME GUIDELINES FOR 2024

PATIENT MEDICAL AND PHARMACY SFSD SCHEDULE

MEDICAL FEE SCHEDULE

SF Schedule		Α	В		(С		D		E		=
Percent of Poverty		0% - 100%	100% -	100% - 119%		- 139%	140% - 159%		160% - 179%		180% -	- 200%
Discount:		100%										
Patient Pays:		**\$10	\$	20.00	\$	30.00	\$	40.00	\$	50.00	\$	60.00
				Income		Income		Income		Income		Income
Family Size	Federal Poverty	Less than	Income at	less than	Income at	less than	Income at	less than	Income at	less than	Income at	less than
Fairilly Size	Guidelines	or equal to	least	or equal	least	or equal	least	or equal	least	or equal	least	or equal
		Poverty		to		to		to		to		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 greate	r than 8, ad	d for each a	erson						

PHARMACY FEE SCHEDULE

SF Schedule	Patient Pays†
А	\$5.00 fee per prescription with a \$30.00 maximum paid per month
В	\$6.00 per prescription
С	\$7.00 per prescription
D	\$8.00 per prescription
Е	\$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

INCOME GUIDELINES FOR 2024

BEHAVIORAL HEALTH SFSD SCHEDULE

BEHAVIORAL HEALTH FEE SCHEDULE

SF Schedule		Α	В		(c I)	E			F
Percent of Poverty		0% - 100%	100% - 119%		120%	120% - 139%		140% - 159%		160% - 179%		- 200%
Discount:		100%										
Patient Pays:		**\$10	\$	11.00	\$	12.00	\$	13.00	\$	14.00	\$	15.00
				Income		Income		Income		Income		Income
Family Sizo	Federal Poverty	Less than	Income at	less than	Income at	less than	Income at	less than	Income at	less than	Income at	less than
Family Size	Guidelines	or equal to	least	or equal	least	or equal	least	or equal	least	or equal	least	or equal
		Poverty		to		to		to		to		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 greate	r than 8, ad	d for each a							

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.

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INCOME GUIDELINES FOR 2024

PATIENT LABORATORY and X-RAY

LABORATORY and X-RAY FEE SCHEDULE

	Α	В		(3)	E		F	
	0% - 100%	100% - 119%		120% -	6 - 139% 140%		- 159%	160% - 179%		180% - 200%	
	100%	80%		70)%	60		40%		20)%
	**\$10	20%		30%		40%		60%		80)%
			Income		Income		Income		Income		Income
Federal Poverty	Less than	Income at	less than	Income at	less than	Income at	less than	Income at	less than	Income at	less than
Guidelines	or equal to	least	or equal	least	or equal	least	or equal	least	or equal	least	or equal
	Poverty		to		to		to		to		to
15,060	15,060	15,061	17,921	17,922	20,933	20,934	23,945	23,946	26,957	26,958	30,120
20,440	20,440	20,441	24,324	24,325	28,412	28,413	32,500	32,501	36,588	36,589	40,880
25,820	25,820	25,821	30,726	30,727	35,890	35,891	41,054	41,055	46,218	46,219	51,640
31,200	31,200	31,201	37,128	37,129	43,368	43,369	49,608	49,609	55,848	55,849	62,400
36,580	36,580	36,581	43,530	43,531	50,846	50,847	58,162	58,163	65,478	65,479	73,160
41,960	41,960	41,961	49,932	49,933	58,324	58,325	66,716	66,717	75,108	75,109	83,920
47,340	47,340	47,341	56,335	56,336	65,803	65,804	75,271	75,272	84,739	84,740	94,680
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 greate	r than 8, ad	d for each a	erson						
	15,060 20,440 25,820 31,200 36,580 41,960 47,340 52,720	0% - 100% 100% 100% **\$10 Federal Poverty Less than or equal to Poverty 15,060 15,060 20,440 25,820 31,200 31,200 36,580 41,960 41,960 47,340 52,720 52,720 52,720	0% - 100% 100% - 100% 100% 80° **\$10 20° Federal Poverty Less than or equal to Poverty 15,060 15,060 20,440 20,440 25,820 25,820 31,200 31,201 36,580 36,580 41,960 41,960 47,340 47,340 52,720 52,720	0% - 100% 100% - 119% 100% 80% **\$10 20% Income at Poverty Income Income at least or equal to Poverty 15,060 15,060 15,061 17,921 20,440 20,440 20,441 24,324 25,820 25,820 25,821 30,726 31,200 31,200 31,201 37,128 36,580 36,580 36,581 43,530 41,960 41,960 41,961 49,932 47,340 47,340 47,341 56,335 52,720 52,720 52,721 62,737	0% - 100% 100% - 119% 120% -	0% - 100% 100% - 119% 120% - 139% 100% 80% 70% **\$10 20% 30% Federal Poverty Guidelines Less than or equal to Poverty Income at less than or equal to Poverty Income at less than or equal to To Income at Income at Income at To 15,060 15,060 15,061 17,921 17,922 20,933 20,440 20,440 20,441 24,324 24,325 28,412 25,820 25,820 25,821 30,726 30,727 35,890 31,200 31,200 31,201 37,128 37,129 43,368 36,580 36,580 36,581 43,530 43,531 50,846 41,960 41,960 41,961 49,932 49,933 58,324 47,340 47,340 47,341 56,335 56,336 65,803 52,720 52,720 52,721 62,737 62,738 73,281	0% - 100% 100% - 119% 120% - 139% 140% - 140% - 140% 100% 80% 70% 60 **\$10 20% 30% 40 Federal Poverty Guidelines Less than or equal to Poverty least less than or equal to Poverty least least least least or equal to to least	100% 100% - 119% 120% - 139% 140% - 159% 100% 80% 70% 60% **\$\$10 20% 30% 40% Federal Poverty Less than or equal to Poverty 15,060 15,060 15,061 17,921 17,922 20,933 20,934 23,945 20,440 20,440 20,441 24,324 24,325 28,412 28,413 32,500 25,820 25,820 25,821 30,726 30,727 35,890 35,891 41,054 31,200 31,200 31,201 37,128 37,129 43,368 43,369 49,608 36,580 36,580 36,581 43,530 43,531 50,846 50,847 58,162 41,960 41,960 41,961 49,932 49,933 58,324 58,325 66,716 47,340 47,340 47,341 56,335 56,336 65,803 65,804 75,271 52,720 52,720 52,721 62,737 62,738 73,281 73,282 83,825	0% - 100% 100% - 119% 120% - 139% 140% - 159% 160% 100% 80% 70% 60% 40% **\$10 20% 30% 40% 60% Federal Poverty Less than or equal to Poverty least or equal to Poverty least or equal to Poverty least to Poverty 17,921 17,922 20,933 20,934 23,945 23,946 23,946 23,946 20,440 20,441 24,324 24,325 28,412 28,413 32,500 32,501 25,820 25,820 25,821 30,726 30,727 35,890 35,891 41,054 41,055 41,055 31,200 31,200 31,201 37,128 37,129 43,368 43,369 49,608 49,609 36,580 36,580 36,581 43,530 43,531 50,846 50,847 58,162 58,163 41,960 41,960 41,961 49,932 49,933 58,324 58,325 66,716 66,717 47,340 47,340 47,341 56,335 56,336 65,803 6	100% 100% - 119% 120% - 139% 140% - 159% 160% - 179%	100% 100% 119% 120% - 139% 140% - 159% 160% - 179% 180%

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:

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INCOME GUIDELINES FOR 2024

PATIENT DENTAL SFSD SCHEDULE

SF Schedule		A B		(С)	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 thar or equal t
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 greate	r than 8, ad	d for each a	dditional pe	erson					
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		325.0
7		235.00		250.00		275.00		300.00		325.00		350.0
8		275.00		300.00		325.00		350.00		375.00		400.0
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

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