

**MOSAIC HEALTH, Inc.**  
**SLIDING FEE DISCOUNT PROGRAM**  
**INCOME GUIDELINES FOR**  
**2025**  
**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:		<b>**\$10</b>	<b>\$ 20.00</b>		<b>\$ 30.00</b>		<b>\$ 40.00</b>		<b>\$ 50.00</b>		<b>\$ 60.00</b>	
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	15,650	15,650	15,651	18,624	18,625	21,754	21,755	24,884	24,885	28,014	28,015	31,300
2	21,150	21,150	21,151	25,169	25,170	29,399	29,400	33,629	33,630	37,859	37,860	42,300
3	26,650	26,650	26,651	31,714	31,715	37,044	37,045	42,374	42,375	47,704	47,705	53,300
4	32,150	32,150	32,151	38,259	38,260	44,689	44,690	51,119	51,120	57,549	57,550	64,300
5	37,650	37,650	37,651	44,804	44,805	52,334	52,335	59,864	59,865	67,394	67,395	75,300
6	43,150	43,150	43,151	51,349	51,350	59,979	59,980	68,609	68,610	77,239	77,240	86,300
7	48,650	48,650	48,651	57,894	57,895	67,624	67,625	77,354	77,355	87,084	87,085	97,300
8	54,150	54,150	54,151	64,439	64,440	75,269	75,270	86,099	86,100	96,929	96,930	108,300
	5,500	**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** 2/4/2025

**MOSAIC HEALTH, Inc.**  
**SLIDING FEE DISCOUNT PROGRAM**  
**INCOME GUIDELINES FOR**  
**2025**  
**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:		<b>**\$10</b>	<b>\$ 11.00</b>		<b>\$ 12.00</b>		<b>\$ 13.00</b>		<b>\$ 14.00</b>		<b>\$ 15.00</b>	
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	15,650	15,650	15,651	18,624	18,625	21,754	21,755	24,884	24,885	28,014	28,015	31,300
2	21,150	21,150	21,151	25,169	25,170	29,399	29,400	33,629	33,630	37,859	37,860	42,300
3	26,650	26,650	26,651	31,714	31,715	37,044	37,045	42,374	42,375	47,704	47,705	53,300
4	32,150	32,150	32,151	38,259	38,260	44,689	44,690	51,119	51,120	57,549	57,550	64,300
5	37,650	37,650	37,651	44,804	44,805	52,334	52,335	59,864	59,865	67,394	67,395	75,300
6	43,150	43,150	43,151	51,349	51,350	59,979	59,980	68,609	68,610	77,239	77,240	86,300
7	48,650	48,650	48,651	57,894	57,895	67,624	67,625	77,354	77,355	87,084	87,085	97,300
8	54,150	54,150	54,151	64,439	64,440	75,269	75,270	86,099	86,100	96,929	96,930	108,300
	5,500	**For family sizes greater than 8, add for each additional person										

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**MOSAIC HEALTH, Inc.**  
**SLIDING FEE DISCOUNT PROGRAM**  
**INCOME GUIDELINES FOR**  
**2025**  
**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	15,650	15,650	15,651	18,624	18,625	21,754	21,755	24,884	24,885	28,014	28,015	31,300
2	21,150	21,150	21,151	25,169	25,170	29,399	29,400	33,629	33,630	37,859	37,860	42,300
3	26,650	26,650	26,651	31,714	31,715	37,044	37,045	42,374	42,375	47,704	47,705	53,300
4	32,150	32,150	32,151	38,259	38,260	44,689	44,690	51,119	51,120	57,549	57,550	64,300
5	37,650	37,650	37,651	44,804	44,805	52,334	52,335	59,864	59,865	67,394	67,395	75,300
6	43,150	43,150	43,151	51,349	51,350	59,979	59,980	68,609	68,610	77,239	77,240	86,300
7*	48,650	48,650	48,651	57,894	57,895	67,624	67,625	77,354	77,355	87,084	87,085	97,300
8*	54,150	54,150	54,151	64,439	64,440	75,269	75,270	86,099	86,100	96,929	96,930	108,300
	5,500	**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.

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**MOSAIC HEALTH, Inc.**  
**SLIDING FEE DISCOUNT PROGRAM**  
**INCOME GUIDELINES FOR**  
**2025**  
**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	15,650	15,650	15,651	18,624	18,625	21,754	21,755	24,884	24,885	28,014	28,015	31,300
2	21,150	21,150	21,151	25,169	25,170	29,399	29,400	33,629	33,630	37,859	37,860	42,300
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4	32,150	32,150	32,151	38,259	38,260	44,689	44,690	51,119	51,120	57,549	57,550	64,300
5	37,650	37,650	37,651	44,804	44,805	52,334	52,335	59,864	59,865	67,394	67,395	75,300
6	43,150	43,150	43,151	51,349	51,350	59,979	59,980	68,609	68,610	77,239	77,240	86,300
7*	48,650	48,650	48,651	57,894	57,895	67,624	67,625	77,354	77,355	87,084	87,085	97,300
8*	54,150	54,150	54,151	64,439	64,440	75,269	75,270	86,099	86,100	96,929	96,930	108,300
	5,500	**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

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