

MOSAIC HEALTH, Inc.
SLIDING FEE DISCOUNT PROGRAM
INCOME GUIDELINES FOR
2023
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		\$ 60.00		\$ 80.00	
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	14,580	14,580	14,581	17,350	17,351	20,266	20,267	23,182	23,183	26,098	26,099	29,160
2	19,720	19,720	19,721	23,467	23,468	27,411	27,412	31,355	31,356	35,299	35,300	39,440
3	24,860	24,860	24,861	29,583	29,584	34,555	34,556	39,527	39,528	44,499	44,500	49,720
4	30,000	30,000	30,001	35,700	35,701	41,700	41,701	47,700	47,701	53,700	53,701	60,000
5	35,140	35,140	35,141	41,817	41,818	48,845	48,846	55,873	55,874	62,901	62,902	70,280
6	40,280	40,280	40,281	47,933	47,934	55,989	55,990	64,045	64,046	72,101	72,102	80,560
7	45,420	45,420	45,421	54,050	54,051	63,134	63,135	72,218	72,219	81,302	81,303	90,840
8	50,560	50,560	50,561	60,166	60,167	70,278	70,279	80,390	80,391	90,502	90,503	101,120
	5,140	**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 xx/xx/xx

MOSAIC HEALTH, Inc.
SLIDING FEE DISCOUNT PROGRAM
INCOME GUIDELINES FOR
2023
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	14,580	14,580	14,581	17,350	17,351	20,266	20,267	23,182	23,183	26,098	26,099	29,160
2	19,720	19,720	19,721	23,467	23,468	27,411	27,412	31,355	31,356	35,299	35,300	39,440
3	24,860	24,860	24,861	29,583	29,584	34,555	34,556	39,527	39,528	44,499	44,500	49,720
4	30,000	30,000	30,001	35,700	35,701	41,700	41,701	47,700	47,701	53,700	53,701	60,000
5	35,140	35,140	35,141	41,817	41,818	48,845	48,846	55,873	55,874	62,901	62,902	70,280
6	40,280	40,280	40,281	47,933	47,934	55,989	55,990	64,045	64,046	72,101	72,102	80,560
7	45,420	45,420	45,421	54,050	54,051	63,134	63,135	72,218	72,219	81,302	81,303	90,840
8	50,560	50,560	50,561	60,166	60,167	70,278	70,279	80,390	80,391	90,502	90,503	101,120
	5,140	**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
2023

PATIENT LABORATORY, X-RAY AND PHARMACY SFSD SCHEDULE

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	14,580	14,580	14,581	17,350	17,351	20,266	20,267	23,182	23,183	26,098	26,099	29,160
2	19,720	19,720	19,721	23,467	23,468	27,411	27,412	31,355	31,356	35,299	35,300	39,440
3	24,860	24,860	24,861	29,583	29,584	34,555	34,556	39,527	39,528	44,499	44,500	49,720
4	30,000	30,000	30,001	35,700	35,701	41,700	41,701	47,700	47,701	53,700	53,701	60,000
5	35,140	35,140	35,141	41,817	41,818	48,845	48,846	55,873	55,874	62,901	62,902	70,280
6	40,280	40,280	40,281	47,933	47,934	55,989	55,990	64,045	64,046	72,101	72,102	80,560
7*	45,420	45,420	45,421	54,050	54,051	63,134	63,135	72,218	72,219	81,302	81,303	90,840
8*	50,560	50,560	50,561	60,166	60,167	70,278	70,279	80,390	80,391	90,502	90,503	101,120
	5,140	**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*

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MOSAIC HEALTH, Inc.
SLIDING FEE DISCOUNT PROGRAM
INCOME GUIDELINES FOR
2023
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	14,580	14,580	14,581	17,350	17,351	20,266	20,267	23,182	23,183	26,098	26,099	29,160
2	19,720	19,720	19,721	23,467	23,468	27,411	27,412	31,355	31,356	35,299	35,300	39,440
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5	35,140	35,140	35,141	41,817	41,818	48,845	48,846	55,873	55,874	62,901	62,902	70,280
6	40,280	40,280	40,281	47,933	47,934	55,989	55,990	64,045	64,046	72,101	72,102	80,560
7*	45,420	45,420	45,421	54,050	54,051	63,134	63,135	72,218	72,219	81,302	81,303	90,840
8*	50,560	50,560	50,561	60,166	60,167	70,278	70,279	80,390	80,391	90,502	90,503	101,120
	5,140	**For family sizes greater than 8, add for each additional person										

Category									
Bundled Per Visit (PV) Category		10.00	30.00	45.00	60.00	70.00	80.00		
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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