Cooperative Health

2026 Good Samaritan Plan (GSP)

Sliding Fee Discount Plan Chart

Cooperative Health offers financial assistance to qualified patients and their household members for any visits and/ or services rendered at any of its practice locations.

Qualifying is easy as 1, 2, 3, *review the chart below to see if you qualify…*

Find your household size and annual income on the chart below.

Step 1 Circle Household Size, Step 2 Circle Level A, B, C or D that fits your annual income range. (The total gross income must be at or below the indicated amount.)

Family Size	GSP LEVEL A	GSP LEVEL B	GSP LEVEL C	GSP LEVEL D
1	$0.00 - $15,650.00	$15,650.01 - $20,814.50	$20,814.51 - $25,979.00	$25,979.01 - $31,300.00
2	$0.00 - $21,150.00	$21,150.01 - $28,129.50	$28,129.51 - $35,109.00	$35,109.01 - $42,300.00
3	$0.00 - $26,650.00	$26,650.01 - $35,444.50	$35,444.51 - $44,239.00	$44,239.01 - $53,300.00
4	$0.00 - $32,150.00	$32,150.01 - $42,759.50	$42,759.51 - $53,369.00	$53,369.01 - $64,300.00
5	$0.00 - $37,650.00	$37,650.01 - $50,074.50	$50,074.51 - $62,499.00	$62,499.01 - $75,300.00
6	$0.00 - $43,150.00	$43,150.01 - $57,389.50	$57,389.51 - $71,629.00	$71,629.01 - $86,300.00
7	$0.00 - $48,650.00	$48,650.01 - $64,704.50	$64,704.51 - $80,759.00	$80,759.01 - $97,300.00
8	$0.00 - $54,150.00	$54,150.01 - $72,019.50	$72,019.51 - $89,889.00	$89,889.01 - $108,300.00
Each additional person	$0.00 - $5,500.00	$5,500.01 - $7,315.00	$7,315.01 - $9,130.00	$9,130.01 - $11,000.00

Example: Total Household members **3**, Total Gross Annual Income **$ 21,000** Approval Level = **Level A**

Medical Service	Level A Nominal	Level B	Level C	Level D
Primary Care/Walk-In Clinics	$20	$35	$45	$55
GYN Office Visit	$25	$35	$45	$55
GYN **In-office Procedures** (per encounter)	$50	50%	60%	70%
Depo Office Visit	$71	50%	60%	70%
Family Planning LARC Visit- Nexplanon	$1,016	50%	60%	70%
Family Planning LARC Visit- Liletta	$780	50%	60%	70%
Family Planning LARC Visit- All other IUD's	$847	50%	60%	70%
OB Initial (1-14 weeks)	$65	$70	$75	$80
OB Initial (15-28 weeks)	$130	$140	$150	$160
OB Initial (28> weeks)	$200	$220	$230	$240
OB Follow-up visits	$35	$40	$45	$50
OB Delivery	$950	$980	$990	$1000
Behavioral Medicine Initial	$15	$20	$25	$30
Behavioral Medicine Follow-up visits	$5	$10	$12	$15
Podiatry Office Visit	$30	$45	$55	$65
Podiatry In-Office Procedures	$30	50%	60%	70%
Orthopedics Office visit	$30	$40	$50	$60
Orthopedic Procedures, DME, Injections (per encounter)	$30	50%	60%	70%
Individual-Diabetes Self-Management Training **(DSMT)**/ Medical Nutrition Therapy **(MNT)**	$25	$35	$40	$45
Group-Diabetes Self-Management Training **(DSMT)** Medical Nutrition Therapy **(MNT)**	$5	$10	$12	$15
Radiology Services (per encounter)	$25	$30	$35	$40
DOT (Department of Transportation) Physical	$32	$40	$48	$56
Adult Regular Dose- Influenza Vaccine (Flu Shot)	$12	$15	$18	$21
Adult High Dose-Influenza Vaccine (Flu Shot)	$28	$35	$42	$49
Adult Pneumococcal Vaccine	$20	$25	$30	$35
Covid-19 Vaccine	$56	$70	$84	$98
DENTAL SERVICES				
Initial, Periodic, Comp Exams (X-rays included)	$35	$45	$55	$65
Preventative Services (per procedure)	$17	50%	60%	70%
Basic Services (per procedure)	$48	50%	60%	70%
Major/Restorative Services (per procedure)	$258	50%	60%	70%
HOSPITAL SERVICES				
OB/GYN Hospital Procedures-**MINOR**	$134	50%	60%	70%
OB/GYN Hospital Procedures-**MAJOR**	$500	50%	60%	70%
Podiatry Hospital Procedures	$55	50%	60%	70%
General Hospital Services (per day)	$25	50%	60%	70%

Note: All Labs, Screening Assessments, EKG's, Ultrasounds and Vaccines are included in the above office Discounted Fees LDG-02/21/25