

As a Public Health Partner, Scipher Medicine is committed to ensuring that all patients have access to our testing services, regardless of their financial circumstances and ability to pay. Therefore, we have adopted this Patient Assistance Program as outlined below, which describes the eligibility and enrollment process.

I. SCOPE

This Patient Assistance Program applies to all commercial testing provided by Scipher Medicine (which excludes all patients enrolled in Scipher clinical trials or research programs). The terms of this Patient Assistance Program are subject to change. This program may not be available in all states. Other restrictions may apply.

II. POLICY

1. Prompt Pay Discount

- a. A prompt pay discount, which is linked to the time required to cancel a payment, is available for all patient responsibility balances. This begins at the date of the initial invoice. The amount owed must be paid in full to be eligible for this discount.
- b. If payment is received within 30 business days from the first invoice date, the patient will be eligible for up to a 15% discount.

2. Payment Plans

- a. Patients are eligible for payment plans regardless of insurance status. Payment arrangements are considered and approved on a case-by-case basis by the billing department at Scipher.
- b. All payment plans require a monthly minimum to be met and maintained and cannot extend beyond 1 year in duration.
- c. Any requests for hardship reductions will be documented and require proof of income as verified through a third-party income verification software.

3. Financial Hardship Reduction

- a. Patient Eligibility - A patient is eligible for the Patient Assistance Program if the household income of that patient is less than 400% of the Federal Poverty Level per year. (See page 2 for 2025 Poverty Guidelines).

CONTINUED

- b. Scipher will reduce co-insurance, co-pays, deductibles, and amounts in excess of what is covered by a third-party payer for eligible patients as follows:

Poverty Level Tier	Amount Owed
0% – 200%	\$0.00
201% – 300%	\$45.00
301% – 400%	\$75.00
> 400%	Not Qualified

- c. Beneficiaries of federal government healthcare programs (e.g., Medicare, Medicaid, TriCare, Medicaid managed care, etc.) who apply for financial assistance are eligible as long as they meet the established criteria contained herein.

III. PROOF OF ELIGIBILITY

Eligibility is subject to running the patient’s demographics through a third-party income verification software. Results of this income verification will be saved and will serve as proof of income.

2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

For families/households with more than 8 persons, add \$5,500 for each additional person.

Persons in family/ household	Poverty Guideline*			
	100%	200%	300%	400%
1	\$15,650	\$31,300	\$46,950	\$62,600
2	\$21,150	\$42,300	\$63,450	\$84,600
3	\$26,650	\$53,300	\$79,950	\$106,600
4	\$32,150	\$64,300	\$96,450	\$128,600
5	\$37,650	\$75,300	\$112,950	\$150,600
6	\$43,150	\$86,300	\$129,450	\$172,600
7	\$48,650	\$97,300	\$145,950	\$194,600
8	\$54,150	\$108,300	\$162,450	\$216,600

*For patients residing in Alaska or Hawaii, please refer to this website for the most recent guidelines:
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>