

**LLCHC SCHEDULE OF DISCOUNTS
2017**

Medical (also Optometry)	\$10.00	\$20.00		\$30.00		\$50.00		Full Fee
	\$5.00 \$20.00	\$7.00 \$40.00		\$9.00 \$60.00		\$12.00 \$80.00		Full Fee Full Fee
*Pharmacy	\$7.00/\$10.00	\$10.00/\$15.00		\$15.00/\$20.00		\$20.00/\$25.00		\$20.00/\$30.00
Family Size	100% FPL	101% to	133% FPL	134% to	167% FPL	168% to	200% FPL	200% FPL
	BELOW	FROM	TO	FROM	TO	FROM	TO	OVER
1	\$ 12,060	\$12,061	\$16,040	\$16,041	\$20,140	\$20,141	\$24,120	\$24,121
2	\$16,240	\$16,241	\$21,599	\$21,600	\$27,121	\$27,122	\$32,480	\$32,481
3	\$20,420	\$20,421	\$27,159	\$27,160	\$34,101	\$34,102	\$40,840	\$40,841
4	\$24,600	\$24,601	\$32,718	\$32,719	\$41,082	\$41,083	\$49,200	\$49,201
5	\$28,780	\$28,781	\$38,277	\$38,278	\$48,063	\$48,064	\$57,560	\$57,561
6	\$32,960	\$32,961	\$43,837	\$43,838	\$55,043	\$55,044	\$65,920	\$65,921
7	\$37,140	\$37,141	\$49,396	\$49,397	\$62,024	\$62,025	\$74,280	\$74,281
8	\$41,320	\$41,321	\$54,956	\$54,957	\$69,004	\$69,005	\$82,640	\$82,641
For each additional person, add	\$4,180							

Based on the Annual Update of HHS Poverty Guidelines Source: 2017 *Pharmacy Slide – first slide amount for 30 day fill and second for 90 day fill.



**TABLA DE DESCUENTOS DE
LOWER LIGHTS CHRISTIAN HEALTH CENTER
2017**

Atención médica y optometría	\$10.00	\$20.00		\$30.00		\$50.00		Cuota total
Laboratorio	\$5.00	\$7.00		\$9.00		\$12.00		Cuota total
Dentista	\$20.00	\$40.00		\$60.00		\$80.00		Cuota total
*Farmacia	\$7.00/\$10.00	\$10.00/\$15.00		\$15.00/\$20.00		\$20.00/\$25.00		\$20.00/\$30.00
Grupo familiar	100% IFP	100%	133% FPL	133%	167% FPL	167% to	200% IFP	200% IFP
	POR DEBAJO DE	DESDE	HASTA	DESDE	HASTA	DESDE	HASTA	POR ENCIMA DE
1	\$ 12,060	\$12,061	\$16,040	\$16,041	\$20,140	\$20,141	\$24,120	\$24,121
2	\$16,240	\$16,241	\$21,599	\$21,600	\$27,121	\$27,122	\$32,480	\$32,481
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7	\$37,140	\$37,141	\$49,396	\$49,397	\$62,024	\$62,025	\$74,280	\$74,281
8	\$41,320	\$41,321	\$54,956	\$54,957	\$69,004	\$69,005	\$82,640	\$82,641
Por cada persona adicional agregue	\$4,180							

De conformidad con la actualización anual de las directrices de pobreza establecidas por el Departamento de Salud y Servicios Humanos (HHS, por sus siglas en inglés) del 2017. *Tarifa reducida de la farmacia – según la tarifa asignada, se paga la cuota de la izquierda por medicamentos para 30 días y la cuota de la derecha por medicamentos para 90 días.