

**LLCHC SCHEDULE OF DISCOUNTS
2018**

Medical (Also Optometry)	\$10.00	\$20.00		\$30.00		\$50.00		Full Fee
Grocery Produce	20% Discount	15% Discount		15% Discount		15% Discount		Full Fee
Lab	\$5.00	\$7.00		\$9.00		\$12.00		Full Fee
Dental	\$20.00	\$40.00		\$60.00		\$80.00		Full Fee
Pharmacy	\$7.00/\$10.00	\$10.00/\$15.00		\$15.00/\$20.00		\$20.00/\$25.00		Full Fee
Family Size	100% FPL	>101% to	133% FPL	>134% to	167% FPL	>167% to	200% FPL	>200% FPL
	BELOW	FROM	TO	FROM	TO	FROM	TO	OVER
1	\$12,140	\$12,141	\$16,146	\$16,147	\$20,274	\$20,275	\$24,280	\$24,281
2	\$16,460	\$16,461	\$21,892	\$21,893	\$27,488	\$27,489	\$32,920	\$32,921
3	\$20,780	\$20,781	\$27,637	\$27,638	\$34,703	\$34,704	\$41,560	\$41,561
4	\$25,100	\$25,101	\$33,383	\$33,384	\$41,917	\$41,918	\$50,200	\$50,201
5	\$29,420	\$29,421	\$39,129	\$39,130	\$49,131	\$49,132	\$58,840	\$58,841
6	\$33,740	\$33,741	\$44,874	\$44,875	\$56,346	\$56,347	\$67,480	\$67,481
7	\$38,060	\$38,061	\$50,620	\$50,621	\$63,560	\$63,561	\$76,120	\$76,121
8	\$42,380	\$42,381	\$56,365	\$56,366	\$70,775	\$70,776	\$84,760	\$84,761
For each additional person, add	\$4,320							

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.