



Lower Lights

Christian Health Center

2020-2021 LLCHC SCHEDULE OF DISCOUNTS

Service	Fees by Income as a Percent of the Federal Poverty Level		
	100% FPL	101%-150% FPL	151%-200% FPL
Medical*, Optometry	\$20.00	\$30.00	\$40.00
Behavioral Health, Nutrition	\$10.00	\$15.00	\$20.00
Dental	\$30.00	\$50.00	\$70.00
Pharmacy	\$10.00	\$15.00	\$20.00
Long Acting Reversible Contraceptives	\$20.00	\$30.00	\$40.00
Family Size	100% FPL	101%-150% FPL	151%-200% FPL
1	\$12,490	\$12,491 - \$18,735	\$18,736 - \$24,980
2	\$16,910	\$16,911 - \$25,365	\$25,366 - \$33,820
3	\$21,330	\$21,331 - \$31,995	\$31,996 - \$42,660
4	\$25,750	\$25,751 - \$38,625	\$38,626 - \$51,500
5	\$30,170	\$30,171 - \$45,255	\$45,256 - \$60,340
6	\$34,590	\$34,591 - \$51,885	\$51,886 - \$69,180
7	\$39,010	\$39,011 - \$58,515	\$58,516 - \$78,020
8	\$43,430	\$43,431 - \$65,145	\$65,146 - \$86,860
9	\$47,850	\$47,851 - \$71,775	\$71,776 - \$95,700
10	\$52,270	\$52,271 - \$78,405	\$78,406 - \$104,540
For each additional person, add	\$4,420		

Based on the Annual Update of HHS Poverty Guidelines Source: 2020

*Labs are included. There is no charge for follow-up lab work effective March 1, 2019