



Lower Lights

Christian Health Center

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
Prenatal & Obstetrics	\$10.00	\$15.00	\$20.00
Dental	\$30.00	\$50.00	\$70.00
Behavioral Health, Nutrition	\$10.00	\$15.00	\$20.00
Pharmacy	\$10.00	\$15.00	\$20.00
Contraceptive Intrauterine Devices	\$20.00	\$30.00	\$40.00
Family Size	100% FPL	101%-150% FPL	151%-200% FPL
1	\$12,880	\$12,881-\$19,320	\$19,321-\$25,760
2	\$17,420	\$17,421-\$26,130	\$26,131-\$34,840
3	\$21,960	\$21,961-\$32,940	\$32,941-\$43,920
4	\$26,500	\$26,501-\$39,750	\$39,751-\$53,000
5	\$31,040	\$31,041-\$46,560	\$46,561-\$62,080
6	\$35,580	\$35,581-\$53,370	\$53,371-\$71,160
7	\$40,120	\$40,121-\$60,180	\$60,181-\$80,240
8	\$44,660	\$44,661-\$66,990	\$66,991-\$89,320
9	\$49,200	\$49,201-\$73,800	\$73,801-\$98,400
10	\$53,740	\$53,741-\$80,610	\$80,611-\$107,480
For each additional person, add	\$4,540		

*Labs are Included

Based on the Annual Update of HHS Poverty Guidelines Source: 2021