



Lower Lights Health

2024 LLH Schedule of Discounts

Service	Discounted Fees		
Behavioral Health, Nutrition	\$10	\$15	\$20
Pharmacy	\$10	\$15	\$20
Prenatal & Obstetrics	\$10	\$15	\$20
*Medical, Optical	\$20	\$30	\$40
Contraceptive Intrauterine Devices	\$20	\$30	\$40
Dental	\$30	\$50	\$70
Clinical Pharmacy, Integrated Social Work	\$0	\$1	\$2
	100% FPL or Below	101% to 150% FPL	151% to 200% FPL

Household / Family Size	100% Federal Poverty Level	101% to 150% Federal Poverty Level	151% to 200% Federal Poverty Level
1	\$15,060	\$15,061 - \$22,590	\$22,591 - \$30,120
2	\$20,440	\$20,441 - \$30,660	\$30,661 - \$40,880
3	\$25,820	\$25,821 - \$38,730	\$38,731 - \$51,640
4	\$31,200	\$31,201 - \$46,800	\$46,801 - \$62,400
5	\$36,580	\$36,581 - \$54,870	\$54,871 - \$73,160
6	\$41,960	\$41,961 - \$62,940	\$62,941 - \$83,920
7	\$47,340	\$47,341 - \$71,010	\$71,011 - \$94,680
8	\$52,720	\$52,721 - \$79,080	\$79,081 - \$105,440

Add \$5,380 for each additional person

*Labs are included. There is no charge for follow-up lab work.

Based on Annual Update of HHS Poverty Guidelines (Source: 2024).