



Lower Lights Health

2025 LLCHC Schedule of Discounts Changes to be Effective Sept. 1, 2025

Service	Discounted Fees		
*Medical, Optical	\$ 25	\$ 35	\$ 55
Dental	\$ 40	\$ 60	\$ 80
Pharmacy	\$ 10	\$ 15	\$ 20
Prenatal & Obstetrics	\$ 15	\$ 20	\$ 25
Behavioral Health, Nutrition	\$ 15	\$ 20	\$ 25
Clinical Pharmacy, Integrated Social Work	\$ 0	\$ 1	\$ 2
Contraceptives – Liletta	\$ 50	\$ 70	\$ 90
Contraceptives – Depo Provera	\$ 10	\$ 15	\$ 20
	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	\$15,650	\$15,651 - \$23,475	\$23,476 - \$31,300
2	\$21,150	\$21,151 - \$31,725	\$31,726 - \$42,300
3	\$26,650	\$26,651 - \$39,975	\$39,976 - \$53,300
4	\$32,150	\$32,151 - \$48,225	\$48,226 - \$64,300
5	\$37,650	\$37,651 - \$56,475	\$56,476 - \$75,300
6	\$43,150	\$43,151 - \$64,725	\$64,726 - \$86,300
7	\$48,650	\$48,651 - \$72,975	\$72,976 - \$97,300
8	\$54,150	\$54,151 - \$81,225	\$81,226 - \$108,300

Add \$5,500 for each additional person

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