



Lower Lights Health

2026 LLCHC Schedule of Discounts

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	\$15,960	\$15,961 - \$23,940	\$23,941 - \$31,920
2	\$21,640	\$21,641 - \$32,460	\$32,461 - \$43,280
3	\$27,320	\$27,321 - \$40,980	\$40,981 - \$54,640
4	\$33,000	\$33,001 - \$49,500	\$49,501 - \$66,000
5	\$38,680	\$38,681 - \$58,020	\$58,021 - \$77,360
6	\$44,360	\$44,361 - \$66,540	\$66,541 - \$88,720
7	\$50,040	\$50,041 - \$75,060	\$75,061 - \$100,080
8	\$55,720	\$55,721 - \$83,580	\$83,581 - \$111,440

*Add \$5,680 for each additional person
Labs are included. There is no charge for follow-up lab work.