

# Lifespan Health's Discount Program

***Do you need help with the high cost of health care?***

***Based upon your income and the number in your household, you may qualify to participate in our Federal grant:***

Household Size	Annual Income								
	FPL %		100%		133%		167%		200%
1	\$0	to	\$15,650	to	\$20,815	to	\$26,136	to	\$31,300
2	\$0	to	\$21,150	to	\$28,130	to	\$35,321	to	\$42,300
3	\$0	to	\$26,650	to	\$35,445	to	\$44,506	to	\$53,300
4	\$0	to	\$32,150	to	\$42,760	to	\$53,691	to	\$64,300
5	\$0	to	\$37,650	to	\$50,075	to	\$62,876	to	\$75,300
6	\$0	to	\$43,150	to	\$57,390	to	\$72,061	to	\$86,300
7	\$0	to	\$48,650	to	\$64,705	to	\$81,246	to	\$97,300
8	\$0	to	\$54,150	to	\$72,020	to	\$90,431	to	\$108,300

\*For family units with more than 8 members, add \$5,550 for each additional member.

*FOR EXAMPLE: If your income is between \$0 and \$15,650 and you live alone (household of 1), you would qualify for our nominal fees which are:*

**\$36 for Medical visits**

**\$25 for Initial Dental, Optometry**

**\$45 for Comprehensive Dental, Optometry**

*If the income is more than \$15,650, then the fee schedule changes as shown below:*

Annual Income Sliding Scale	0%-100% FPG*	>100%-133% FPG	>133%-167% FPG	>167%-200% FPG	>200% FPG
<b>Medical, Behavioral</b>	\$36 (nominal)	\$48	\$60	\$72	Full charge
<b>Initial Dental, Optometry</b>	\$25 (nominal)	\$31	\$47	\$59	Full charge
<b>Comprehensive Dental, Optometry</b>	\$45 (nominal)	\$56	\$70	\$88	Full charge

NOTE: 'FPG' refers to the Federal Poverty Guidelines.

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*The nominal fee does not include the cost of supplies.*

*All patients are ENCOURAGED to complete an application to participate in our federal grant.*