Lamprey Health Care SFS discount guidelines 2/1/2025

Annual Income:	100% Federal Poverty Level (FPL)2024	SFS 1 Less than or Equal to 100% of FPL **$15.00 Fee**		SFS 2 Greater than 100% and Less than FPL Fee		SFS 3 Greater than 135% and Less Than or Equal to 5% of FPL $50.00 Fee		SFS 4 Greate and Less Tha of FPL $60.(
Family Size:		**From:**	**To:**	**From:**	**To:**	**From:**	**To:**	**From:**
1	$ 15,650	$ -	$ 15,650.00	$ 15,650.01	$ 21,127.50	$ 21,127.51	$ 28,952.50	$ 28,952.51
2	$ 21,150	$ -	$ 21,150.00	$ 21,150.01	$ 28,552.50	$ 28,552.51	$ 39,127.50	$ 39,127.51
3	$ 26,650	$ -	$ 26,650.00	$ 26,650.01	$ 35,977.50	$ 35,977.51	$ 49,302.50	$ 49,302.51
4	$ 32,150	$ -	$ 32,150.00	$ 32,150.01	$ 43,402.50	$ 43,402.51	$ 59,477.50	$ 59,477.51
5	$ 37,650	$ -	$ 37,650.00	$ 37,650.01	$ 50,827.50	$ 50,827.51	$ 69,652.50	$ 69,652.51
6	$ 43,150	$ -	$ 43,150.00	$ 43,150.01	$ 58,252.50	$ 58,252.51	$ 79,827.50	$ 79,827.51
7	$ 48,650	$ -	$ 48,650.00	$ 48,650.01	$ 65,677.50	$ 65,677.51	$ 90,002.50	$ 90,002.51
8	$ 54,150	$ -	$ 54,150.00	$ 54,150.01	$ 73,102.50	$ 73,102.51	$ 100,177.50	$ 100,177.51
Additional family r	$5,500							
Nominal Fee	**per visit**		**$15**		**$25**		**$50**	

Family Planning only services February 1, 2025

Over 200% of FPL

Annual Income:	100% Federal Poverty Level (FPL)2024	Less than or Equal to 100% of **$0 Fee**		Greater than 100% and less than or equal to 200% of FPL	Greater Than 200% FPL less that L $65.00 Fee		Greater than 250% of FPL Full fee
Family Size:		**From:**	**To:**	**LAMPREY HEALTH**	**201%**		**251%**
1	$ 15,650	$0.00	$ 15,650		$31,330.01	$ 39,125.0	$ 39,125.01
2	$ 21,150	$0.00	$ 21,150		$42,300.01	$ 52,875.0	$ 52,875.01
3	$ 26,650	$0.00	$ 26,650		$53,300.01	$ 66,625.0	$ 66,625.01
4	$ 32,150	$0.00	$ 32,150		$64,300.01	$ 80,375.0	$ 80,375.01
5	$ 37,650	$0.00	$ 37,650		$75,300.01	$ 94,125.0	$ 94,125.01

6	$ 43,150	$0.00	$ 43,150
7	$ 48,650	$0.00	$ 48,650
8	$ 54,150	$0.00	$ 54,150
Pt fee			$15
Additional family member		$5,500	

$86,300.01	$ 107,875.0	$ 107,875.01
$97,300.01	$ 121,625.0	$ 121,625.01
$108,300.01	$ 135,375.0	$ 135,375.01
$65		No discount

Behavioral Health Group Services

Annual Income:	100% Federal Poverty Level (FPL)2024	SFS 1 Less than or Equal to 200% of FPL **$5.00 Fee**	
Family Size:		**From:**	**To:**
1	$ 15,650	$ -	$ 31,300.00
2	$ 21,150	$ -	$ 42,300.00
3	$ 26,650	$ -	$ 53,300.00
4	$ 32,150	$ -	$ 64,300.00
5	$ 37,650	$ -	$ 75,300.00
6	$ 43,150	$ -	$ 86,300.00
7	$ 48,650	$ -	$ 97,300.00
8	$ 54,150	$ -	$ 108,300.00
Additional family r	$5,500	0	

Chronic Care Management Services

Annual Income:	100% Federal Poverty Level (FPL)2024	SFS 1 Less than or Equal) 200% of FPL **$5.00 Fee**	
Family Size:		**From:**	**To:**
1	$ 15,650	$ -	$ 31,300.00
2	$ 21,150	$ -	$ 42,300.00
3	$ 26,650	$ -	$ 53,300.00
4	$ 32,150	$ -	$ 64,300.00
5	$ 37,650	$ -	$ 75,300.00
6	$ 43,150	$ -	$ 86,300.00
7	$ 48,650	$ -	$ 97,300.00
8	$ 54,150	$ -	$ 108,300.00
Additional family m	$5,500	0	

er Than 185% ın or Equal to)0 Fee
To:
$ 31,300.00
$ 42,300.00
$ 53,300.00
$ 64,300.00
$ 75,300.00
$ 86,300.00
$ 97,300.00
$ 108,300.00
$60