

Lamprey Health Care SFS discount guidelines 2/1/2025

<u>Annual Income:</u> 100% Federal Poverty Level (FPL)2025		SFS 1 Less than or Equal to 100% of FPL \$15.00 Fee		SFS 2 Greater than 100% and Less than or Equal to 135% of FPL \$25.00 Fee		SFS 3 Greater than 135% and Less Than or Equal to 185% of FPL \$50.00 Fee		SFS 4 Greater Than 185% and Less Than or Equal to 200% of FPL \$60.00 Fee	
Family Size:		From:	To:	From:	To:	From:	To:	From:	To:
1	\$ 15,650	\$ -	\$ 15,650.00	\$ 15,650.01	\$ 21,127.50	\$ 21,127.51	\$ 28,952.50	\$ 28,952.51	\$ 31,300.00
2	\$ 21,150	\$ -	\$ 21,150.00	\$ 21,150.01	\$ 28,552.50	\$ 28,552.51	\$ 39,127.50	\$ 39,127.51	\$ 42,300.00
3	\$ 26,650	\$ -	\$ 26,650.00	\$ 26,650.01	\$ 35,977.50	\$ 35,977.51	\$ 49,302.50	\$ 49,302.51	\$ 53,300.00
4	\$ 32,150	\$ -	\$ 32,150.00	\$ 32,150.01	\$ 43,402.50	\$ 43,402.51	\$ 59,477.50	\$ 59,477.51	\$ 64,300.00
5	\$ 37,650	\$ -	\$ 37,650.00	\$ 37,650.01	\$ 50,827.50	\$ 50,827.51	\$ 69,652.50	\$ 69,652.51	\$ 75,300.00
6	\$ 43,150	\$ -	\$ 43,150.00	\$ 43,150.01	\$ 58,252.50	\$ 58,252.51	\$ 79,827.50	\$ 79,827.51	\$ 86,300.00
7	\$ 48,650	\$ -	\$ 48,650.00	\$ 48,650.01	\$ 65,677.50	\$ 65,677.51	\$ 90,002.50	\$ 90,002.51	\$ 97,300.00
8	\$ 54,150	\$ -	\$ 54,150.00	\$ 54,150.01	\$ 73,102.50	\$ 73,102.51	\$100,177.50	\$100,177.51	\$108,300.00
Additional family member over 8 100%	\$ 5,500								
Nominal Fee	per visit		\$15		\$25		\$50		\$60

Family Planning only services February 1, 2025

Over 200% of FPL

<u>Annual Income:</u>	100% Federal Poverty Level (FPL)2025	Less than or Equal to 100% of FPL \$0 Fee		Greater than 100% and less than or equal to 200% of FPL	Greater Than 200% FPL less that 250% FPL \$65.00 Fee		Greater than 250% of FPL Full fee
Family Size:		From:	To:	LAMPREY HEALTH CARE SFS DISCOUNT GUIDELINE S EFFECTIVE 02/01/2025 APPLY	201%		251%
1	\$ 15,650	\$0.00	\$ 15,650		\$31,300.01	\$ 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		\$86,300.01	\$ 107,875.0	\$ 107,875.01
7	\$ 48,650	\$0.00	\$ 48,650		\$97,300.01	\$ 121,625.0	\$ 121,625.01
8	\$ 54,150	\$0.00	\$ 54,150		\$108,300.01	\$ 135,375.0	\$ 135,375.01
Pt fee			\$15		\$65		No discount
Additional family member		\$5,500					

Behavioral Health Group Services

<u>Annual Income:</u>		100% Federal Poverty Level (FPL)2025		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 member over 8					
100% \$5,500					