

Lamprey Health Care SFS discount guidelines 2/1/2026

		SFS 1		SFS 2		SFS 3		SFS 4		Self Pay
<i>Annual Income:</i>	100% Federal Poverty Level (FPL)2026	Less than or Equal to 100% of FPL		Greater than 100% and less than or equal to 135% of FPL		Greater than 135% and less than or equal to 185% of FPL		Greater Than 185% and less than or equal to 200% of FPL		Greater Than 200% FPL
Family Size:		From:	To:	From:	To:	From:	To:	From:	To:	Above
1	\$ 15,960	\$0	\$ 15,960.00	\$ 15,960.01	\$ 21,546.00	\$ 21,546.01	\$ 29,526.00	\$ 29,526.01	\$ 31,920.00	\$ 31,920.00
2	\$ 21,640	\$0	\$ 21,640.00	\$ 21,640.01	\$ 29,214.00	\$ 29,214.01	\$ 40,034.00	\$ 40,034.01	\$ 43,280.00	\$ 43,280.00
3	\$ 27,320	\$0	\$ 27,320.00	\$ 27,320.01	\$ 36,882.00	\$ 36,882.01	\$ 50,542.00	\$ 50,542.01	\$ 54,640.00	\$ 54,640.00
4	\$ 33,000	\$0	\$ 33,000.00	\$ 33,000.01	\$ 44,550.00	\$ 44,550.01	\$ 61,050.00	\$ 61,050.01	\$ 66,000.00	\$ 66,000.00
5	\$ 38,680	\$0	\$ 38,680.00	\$ 38,680.01	\$ 52,218.00	\$ 52,218.01	\$ 71,558.00	\$ 71,558.01	\$ 77,360.00	\$ 77,360.00
6	\$ 44,360	\$0	\$ 44,360.00	\$ 44,360.01	\$ 59,886.00	\$ 59,886.01	\$ 82,066.00	\$ 82,066.01	\$ 88,720.00	\$ 88,720.00
7	\$ 50,040	\$0	\$ 50,040.00	\$ 50,040.01	\$ 67,554.00	\$ 67,554.01	\$ 92,574.00	\$ 92,574.01	\$ 100,080.00	\$ 100,080.00
8	\$ 55,720	\$0	\$ 55,720.00	\$ 55,720.01	\$ 75,222.00	\$ 75,222.01	\$103,082.00	\$ 103,082.01	\$ 111,440.00	\$ 111,440.00
Additional family member over 8	\$ 5,680									
Nominal Fee	per visit		\$15		\$25		\$50		\$60	No discount

Family Planning only services February 1, 2026

Addition for those over 200% of FPL

		SFS 1		SFS 2		SFS 3		SFS 4		SFS 5		Self Pay
<i>Annual Income:</i>	100% Federal Poverty Level (FPL)2026	Less than or Equal to 100% of FPL		Greater than 100% and less than or equal to 135% of FPL		Greater than 135% and less than or equal to 185% of FPL		Greater Than 185% and less than or equal to 200% of FPL		Greater Than 200% FPL less than 250% FPL		Greater than 250% of FPL
Family Size:		From:	To:	From:	To:	From:	To:	From:	To:	From:	To:	Above
1	\$ 15,960	\$0	\$ 15,960	\$ 15,960.01	\$ 21,546.00	\$ 21,546.01	\$ 29,526.00	\$ 29,526.01	\$ 31,920.00	\$31,920.01	\$ 39,900.00	\$ 39,900.00
2	\$ 21,640	\$0	\$ 21,640	\$ 21,640.01	\$ 29,214.00	\$ 29,214.01	\$ 40,034.00	\$ 40,034.01	\$ 43,280.00	\$43,280.01	\$ 54,100.00	\$ 54,100.00
3	\$ 27,320	\$0	\$ 27,320	\$ 27,320.01	\$ 36,882.00	\$ 36,882.01	\$ 50,542.00	\$ 50,542.01	\$ 54,640.00	\$54,640.01	\$ 68,300.00	\$ 68,300.00
4	\$ 33,000	\$0	\$ 33,000	\$ 33,000.01	\$ 44,550.00	\$ 44,550.01	\$ 61,050.00	\$ 61,050.01	\$ 66,000.00	\$66,000.01	\$ 82,500.00	\$ 82,500.00
5	\$ 38,680	\$0	\$ 38,680	\$ 38,680.01	\$ 52,218.00	\$ 52,218.01	\$ 71,558.00	\$ 71,558.01	\$ 77,360.00	\$77,360.01	\$ 96,700.00	\$ 96,700.00
6	\$ 44,360	\$0	\$ 44,360	\$ 44,360.01	\$ 59,886.00	\$ 59,886.01	\$ 82,066.00	\$ 82,066.01	\$ 88,720.00	\$88,720.01	\$ 110,900.00	\$ 110,900.00
7	\$ 50,040	\$0	\$ 50,040	\$ 50,040.01	\$ 67,554.00	\$ 67,554.01	\$ 92,574.00	\$ 92,574.01	\$ 100,080.00	\$100,080.01	\$ 125,100.00	\$ 125,100.00
8	\$ 55,720	\$0	\$ 55,720	\$ 55,720.01	\$ 75,222.00	\$ 75,222.01	\$103,082.00	\$ 103,082.01	\$ 111,440.00	\$111,440.01	\$ 139,300.00	\$ 139,300.00
Nominal Fee	per visit		\$15		\$25		\$50		\$60		\$65	No discount
Additional family member over 8	\$ 5,680											

Behavioral Health Group Services February 1, 2026

Only those under 200% of FPL

<i>Annual Income:</i>	100% Federal Poverty Level (FPL)2026	Less than or Equal to 200% of FPL	
Family Size:		From:	To:
1	\$ 15,960	\$0	\$ 31,920.00
2	\$ 21,640	\$0	\$ 43,280.00
3	\$ 27,320	\$0	\$ 54,640.00
4	\$ 33,000	\$0	\$ 66,000.00
5	\$ 38,680	\$0	\$ 77,360.00
6	\$ 44,360	\$0	\$ 88,720.00
7	\$ 50,040	\$0	\$ 100,080.00
8	\$ 55,720	\$0	\$ 111,440.00
Nominal Fee	per visit	\$5.00 Fee	
Additional family member over 8	\$ 5,680		