

Lifespan Health's Discount Program

Do you qualify?

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:

FOR EXAMPLE: If your income is between (↔) \$0 and \$ 12,760 and you live alone, you would qualify for our nominal fee of \$36. If it is between \$12,761 and \$16,971, then you would qualify for a nominal fee of \$48. Etc.

2020 Annual Income Sliding Scale	SA 0%-100% FPG		SB >100%- 133% FPG		SC >133%- 167% FPG		SD >167%- 200% FPG		>200% FPG
Medical, Behavioral	\$36 (nominal)		\$48		\$60		\$72		Full charge
Preventive Dental, Optometry, Podiatry	\$25 (nominal)		\$31		\$47		\$59		Full charge
Comprehensive Dental, Optometry, Podiatry	\$45 (nominal)		\$56		\$70		\$88		Full charge

Household Size									
1	\$0	to	\$12,760	to	\$16,971	to	\$21,309	to	\$25,520
2	\$0	to	\$17,240	to	\$22,929	to	\$28,791	to	\$34,480
3	\$0	to	\$21,720	to	\$28,888	to	\$36,272	to	\$43,440
4	\$0	to	\$26,200	to	\$34,846	to	\$43,754	to	\$52,400
5	\$0	to	\$30,680	to	\$40,804	to	\$51,236	to	\$61,360
6	\$0	to	\$35,160	to	\$46,763	to	\$58,717	to	\$70,320
7	\$0	to	\$39,640	to	\$52,721	to	\$66,199	to	\$79,280
8	\$0	to	\$44,120	to	\$58,680	to	\$73,680	to	\$88,240
9	\$0	to	\$48,600	to	\$64,638	to	\$81,162	to	\$97,200
10	\$0	to	\$53,080	to	\$70,596	to	\$88,644	to	\$106,160
11	\$0	to	\$57,560	to	\$76,555	to	\$96,125	to	\$115,120
12	\$0	to	\$62,040	to	\$82,513	to	\$103,607	to	\$124,080

*For family units with more than 12 members, add \$4,480 for each additional member.

Source: Federal Register, 84 FR 1167 (vol. 84 no. 22, January 8, 2020)

Nominal fee does not include the cost of supplies.

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