

EHC SFDS Based on 2023 Federal Poverty Guidelines

Effective 3/1/23

**Eskenazi Health Center a Federally Qualified Health Center**  
**Charges based upon number of household dependents and household income**

**PLAN A: (Nominal Fee) Family/Household with Income between 0 - 100% of Federal Poverty Level**

Family Size	Annual Family Income		Bi-Weekly Family Income (every-other week)		Optical Shop
	From	To	From	To	
1	\$0.00	\$14,580.00	\$0.00	\$560.77	<p><b>Patient Fee at Time of Service</b>  <b>*Order will be placed upon full payment</b></p> <p>\$ 15 - Frame A      \$ 40 - Frame B                      \$70 - Frame C      \$100 - Frame D                      \$ 30 - Single      \$50- Bifocal                      \$60.00 Trifocal      \$20.00 Polycarb</p>
2	\$0.00	\$19,720.00	\$0.00	\$758.46	
3	\$0.00	\$24,860.00	\$0.00	\$956.15	
4	\$0.00	\$30,000.00	\$0.00	\$1,153.85	
5	\$0.00	\$35,140.00	\$0.00	\$1,351.54	
6	\$0.00	\$40,280.00	\$0.00	\$1,549.23	
7	\$0.00	\$45,420.00	\$0.00	\$1,746.92	
8	\$0.00	\$50,560.00	\$0.00	\$1,944.62	

For families/households with more than 8 members, add \$5,140.00 to the dollar value in the "To" column for each additional person.

**PLAN H (Homeless): Family/Household with Income between 0 - 100% of Federal Poverty Level**

Family Size	Annual Family Income		Bi-Weekly Family Income (every-other week)		Optical Shop
	From	To	From	To	
1	\$0.00	\$14,580.00	\$0.00	\$560.77	<p><b>Patient Fee at Time of Service</b>  <b>*Order will be placed upon full payment</b></p> <p>\$ 10 - Frame A      \$ 30- Frame B                      \$60 - Frame C      \$90 - Frame D                      \$25- Single      \$40 - Bifocal                      \$50.00 Trifocal      \$15.00 Polycarb</p>
2	\$0.00	\$19,720.00	\$0.00	\$758.46	
3	\$0.00	\$24,860.00	\$0.00	\$956.15	
4	\$0.00	\$30,000.00	\$0.00	\$1,153.85	
5	\$0.00	\$35,140.00	\$0.00	\$1,351.54	
6	\$0.00	\$40,280.00	\$0.00	\$1,549.23	
7	\$0.00	\$45,420.00	\$0.00	\$1,746.92	
8	\$0.00	\$50,560.00	\$0.00	\$1,944.62	

For families/households with more than 8 members, add \$5,140.00 to the dollar value in the "To" column for each additional person.

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<b>PLAN B: Family/Household with Income between 101% - 138% of Federal Poverty Level</b>					
Family	Annual Family Income		Bi-Weekly family Income		Optical Shop
	From	To	From	To	<b>Patient Fee at Time of Service</b> <b>*Order will be placed upon full payment</b>
1	\$14,580.01	\$20,120.00	\$560.77	\$773.85	\$ 20 - Frame A      \$ 45 - Frame B \$75 - Frame C      \$105 - Frame D \$ 40 - Single        \$60- Bifocal \$80.00 Trifocal      \$25.00 Polycarb
2	\$19,720.01	\$27,214.00	\$758.46	\$1,046.69	
3	\$24,860.01	\$34,307.00	\$956.15	\$1,153.85	
4	\$30,000.01	\$41,400.00	\$1,153.85	\$1,351.54	
5	\$35,140.01	\$48,493.00	\$1,351.54	\$1,549.23	
6	\$40,280.01	\$55,586.00	\$1,549.23	\$1,746.92	
7	\$45,420.01	\$62,680.00	\$1,746.92	\$1,944.62	
8	\$50,560.01	\$69,773.00	\$1,944.62	\$2,683.58	
For families/households with more than 8 members, add \$6,513.60 to the dollar value in the "To" column for each additional person.					

<b>PLAN C: Family/Household with Income between 139% - 175% of Federal Poverty Level</b>					
Family Size	Annual Family Income		Bi-Weekly family Income (every-other week)		Optical Shop
	From	To	From	To	<b>Patient Fee at Time of Service</b> <b>*Order will be placed upon full payment</b>
1	\$20,120.01	\$25,515.00	\$773.85	\$981.35	\$ 30 - Frame A      \$ 50 - Frame B \$80 - Frame C      \$110 - Frame D \$ 45- Single        \$65- Bifocal \$85.00 Trifocal      \$30.00 Polycarb
2	\$27,214.01	\$34,510.00	\$1,046.69	\$1,327.31	
3	\$34,307.01	\$43,505.00	\$1,319.50	\$1,673.27	
4	\$41,400.01	\$52,500.00	\$1,592.31	\$2,019.23	
5	\$48,493.01	\$61,495.00	\$1,865.12	\$2,365.19	
6	\$55,586.01	\$70,490.00	\$2,137.92	\$2,711.15	
7	\$62,680.01	\$79,485.00	\$2,410.77	\$3,057.12	
8	\$69,773.01	\$88,480.00	\$2,683.58	\$3,403.08	
For families/households with more than 8 members, add \$8,995.00 to the dollar value in the "To" column for each additional person.					

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PLAN D: Family/Household with Income between 176% - 200% of Federal Poverty Level					
Family Size	Annual Family Income		Bi-Weekly Family Income (every-other week)		Optical Shop
	From	To	From	To	Patient Fee at Time of Service *Order will be placed upon full payment
1	\$25,515.01	\$29,160.00	\$981.35	\$1,121.54	
2	\$34,510.01	\$39,440.00	\$1,327.31	\$1,516.92	\$ 35 - Frame A      \$ 65 - Frame B
3	\$43,505.01	\$49,720.00	\$1,673.27	\$1,912.31	\$90 - Frame C      \$130 - Frame D
4	\$52,500.01	\$60,000.00	\$2,019.23	\$2,307.69	\$ 50- Single      \$70- Bifocal
5	\$61,495.01	\$70,280.00	\$2,365.19	\$2,703.08	\$100.00 Trifocal      \$40.00 Polycarb
6	\$70,490.01	\$80,560.00	\$2,711.15	\$3,098.46	
7	\$79,485.01	\$90,840.00	\$3,057.12	\$3,493.85	
8	\$88,480.01	\$101,120.00	\$3,403.08	\$3,889.23	
For families/households with more than 8 members, add \$10,028.00 to the dollar value in the "To" column for each additional person.					