

EHS Optical Shop SFDS Based on 2025 Federal Poverty Guidelines

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		Optical Shop	
	From	To	From	To	Patient Fee at Time of Service *Order will be placed upon full payment	
1	\$0.00	\$15,650.00	\$0.00	\$601.92	<div>\$ 15 - Frame A \$ 40 - Frame B \$70 - Frame C \$100 - Frame D \$ 30 - Single \$50- Bifocal \$60.00 Trifocal \$20.00 Polycarb</div>	
2	\$0.00	\$21,150.00	\$0.00	\$813.46		
3	\$0.00	\$26,650.00	\$0.00	\$1,025.00		
4	\$0.00	\$32,150.00	\$0.00	\$1,236.54		
5	\$0.00	\$37,650.00	\$0.00	\$1,448.08		
6	\$0.00	\$43,150.00	\$0.00	\$1,659.62		
7	\$0.00	\$48,650.00	\$0.00	\$1,871.15		
8	\$0.00	\$54,150.00	\$0.00	\$2,082.69		
#	\$ 5,500.00		For families/households with more than 8 members, add this 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		Optical Shop
	From	To	From	To	Patient Fee at Time of Service *Order will be placed upon full payment
1	\$0.00	\$15,650.00	\$0.00	\$601.92	<div>\$ 10 - Frame A \$ 30- Frame B \$60 - Frame C \$90 - Frame D \$25- Single \$40 - Bifocal \$50.00 Trifocal \$15.00 Polycarb</div>
2	\$0.00	\$21,150.00	\$0.00	\$813.46	
3	\$0.00	\$26,650.00	\$0.00	\$1,025.00	
4	\$0.00	\$32,150.00	\$0.00	\$1,236.54	
5	\$0.00	\$37,650.00	\$0.00	\$1,448.08	
6	\$0.00	\$43,150.00	\$0.00	\$1,659.62	
7	\$0.00	\$48,650.00	\$0.00	\$1,871.15	
8	\$0.00	\$54,150.00	\$0.00	\$2,082.69	
#	\$ 5,500.00		For families/households with more than 8 members, add this value in the "To" column for each additional person.		

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PLAN B: Family/Household with Income between 101% - 138% of Federal Poverty Level						
Family Size	Annual Family Income		Bi-Weekly family		Optical Shop	
	From	To	From	To	Patient Fee at Time of Service *Order will be placed upon full payment	
1	\$15,650.01	\$21,597.00	\$601.92	\$830.65	<div>\$ 20 - Frame A \$ 45 - Frame B \$75 - Frame C \$105 - Frame D \$ 40 - Single \$60- Bifocal \$80.00 Trifocal \$25.00 Polycarb</div>	
2	\$21,150.01	\$29,187.00	\$813.46	\$1,122.58		
3	\$26,650.01	\$36,777.00	\$1,025.00	\$1,236.54		
4	\$32,150.01	\$44,367.00	\$1,236.54	\$1,448.08		
5	\$37,650.01	\$51,957.00	\$1,448.08	\$1,659.62		
6	\$43,150.01	\$59,547.00	\$1,659.62	\$1,871.15		
7	\$48,650.01	\$67,137.00	\$1,871.15	\$2,082.69		
8	\$54,150.01	\$74,727.00	\$2,082.69	\$2,874.12		
#	\$ 7,590.00		For families/households with more than 8 members, add this value in the "To" column for each additional person.			

PLAN C: Family/Household with Income between 139% - 175% of Federal Poverty Level						
Family Size	Annual Family Income		Bi-Weekly family		Optical Shop	
	From	To	From	To	Patient Fee at Time of Service *Order will be placed upon full payment	
1	\$21,597.01	\$37,013.00	\$830.65	\$1,423.58	<div><div>\$ 30 - Frame A\$ 50 - Frame B</div><div>\$80 - Frame C\$110 - Frame D</div><div>\$ 45- Single\$65- Bifocal</div><div>\$85.00 Trifocal\$30.00 Polycarb</div></div>	
2	\$29,187.01	\$46,638.00	\$1,122.58	\$1,793.77		
3	\$36,777.01	\$56,263.00	\$1,414.50	\$2,163.96		
4	\$44,367.01	\$65,888.00	\$1,706.42	\$2,534.15		
5	\$51,957.01	\$75,513.00	\$1,998.35	\$2,904.35		
6	\$59,547.01	\$85,138.00	\$2,290.27	\$3,274.54		
7	\$67,137.01	\$94,763.00	\$2,582.19	\$3,644.73		
8	\$74,727.01	\$94,763.00	\$2,874.12	\$3,644.73		
#	\$ 9,625.00		For families/households with more than 8 members, add this 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		Optical Shop
	From	To	From	To	Patient Fee at Time of Service *Order will be placed upon full payment
1	\$37,013.01	\$31,300.00	\$1,423.58	\$1,203.85	<div>\$ 35 - Frame A \$ 65 - Frame B</div> <div>\$90 - Frame C \$130 - Frame D</div> <div>\$ 50- Single \$70- Bifocal</div> <div>\$100.00 Trifocal \$40.00 Polycarb</div>
2	\$46,638.01	\$42,300.00	\$1,793.77	\$1,626.92	
3	\$56,263.01	\$53,300.00	\$2,163.96	\$2,050.00	
4	\$65,888.01	\$64,300.00	\$2,534.15	\$2,473.08	
5	\$75,513.01	\$75,300.00	\$2,904.35	\$2,896.15	
6	\$85,138.01	\$86,300.00	\$3,274.54	\$3,319.23	
7	\$94,763.01	\$97,300.00	\$3,644.73	\$3,742.31	
8	\$94,763.01	\$108,300.00	\$3,644.73	\$4,165.38	
#	\$ 11,000.00		For families/households with more than 8 members, add this value in the "To" column for each additional person.		

FULL PAY PATIENTS: Family/Household with Income above 200% of Federal Poverty Level	
Patients above the 200% Federal Poverty Level are NOT eligible for the Sliding Fee Discount Schedule (SFDS)	