

EHC SFDS Based on 2026 Federal Poverty Guidelines

| Eskenazi Health Center a Federally Qualified Health Center | | | | | | | | | | |
|--|----------------------|-------------|---|------------|---|--|---|---------------------------|------------------------|---|
| Charges are based upon number of household dependents and household income. No one will be turned away for their inability to pay. | | | | | | | | | | |
| 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) | | Primary Care, Mental Health/SUD, Podiatry, Optometry, and Chiropractic Charge per Visit | Dental Diagnostic and Preventive (exam, regular cleanings, X-rays, sealants) | Dental Restorative/Other Dental (excluded prosthetics/Labs) | Prenatal Charge per Visit | Nurse Charge per Visit | Laboratory & **Imaging Services total lab charges |
| | From | To | From | To | | | | | | |
| 1 | \$0.00 | \$15,960.00 | \$0.00 | \$613.85 | \$5 | \$35 | \$35 | \$0 | \$0 | \$20 |
| 2 | \$0.00 | \$21,640.00 | \$0.00 | \$832.31 | | | | | | |
| 3 | \$0.00 | \$27,320.00 | \$0.00 | \$1,050.77 | | | | | | |
| 4 | \$0.00 | \$33,000.00 | \$0.00 | \$1,269.23 | | | | | | |
| 5 | \$0.00 | \$38,680.00 | \$0.00 | \$1,487.69 | | | | | | |
| 6 | \$0.00 | \$44,360.00 | \$0.00 | \$1,706.15 | | | | | | |
| 7 | \$0.00 | \$50,040.00 | \$0.00 | \$1,924.62 | | | | | | |
| 8 | \$0.00 | \$55,720.00 | \$0.00 | \$2,143.08 | | | | | | |
| # | \$ 5,680.00 | | 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 | | | | | | | | | | |
|---|----------------------|-------------|---|------------|---|--|---|---------------------------|------------------------|---|
| *** Requires validation documents to demonstrate homelessness*** | | | | | | | | | | |
| Family Size | Annual Family Income | | Bi-Weekly Family Income (every-other week) | | Primary Care, Mental Health/SUD, Podiatry, Optometry, and Chiropractic Charge per Visit | Dental Diagnostic and Preventive (exam, regular cleanings, X-rays, sealants) | Dental Restorative/Other Dental (excluded prosthetics/Labs) | Prenatal Charge per Visit | Nurse Charge per Visit | Laboratory & **Imaging Services total lab charges |
| | From | To | From | To | | | | | | |
| 1 | \$0.00 | \$15,960.00 | \$0.00 | \$613.85 | \$0 | \$15 | \$15 | \$0 | \$0 | \$0 |
| 2 | \$0.00 | \$21,640.00 | \$0.00 | \$832.31 | | | | | | |
| 3 | \$0.00 | \$27,320.00 | \$0.00 | \$1,050.77 | | | | | | |
| 4 | \$0.00 | \$33,000.00 | \$0.00 | \$1,269.23 | | | | | | |
| 5 | \$0.00 | \$38,680.00 | \$0.00 | \$1,487.69 | | | | | | |
| 6 | \$0.00 | \$44,360.00 | \$0.00 | \$1,706.15 | | | | | | |
| 7 | \$0.00 | \$50,040.00 | \$0.00 | \$1,924.62 | | | | | | |
| 8 | \$0.00 | \$55,720.00 | \$0.00 | \$2,143.08 | | | | | | |
| # | \$ 5,680.00 | | 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 Income (every-other week) | | Primary Care, Mental Health/SUD, Podiatry, Optometry, and Chiropractic Charge per Visit | Dental Diagnostic and Preventive (exam, regular cleanings, X-rays, sealants) | Dental Restorative/Other Dental (excluded prosthetics/Labs) | Prenatal Charge per Visit | Nurse Charge per Visit* | Laboratory & **Imaging Services total lab charges |
| | From | To | From | To | | | | | | |
| 1 | \$15,960.01 | \$22,025.00 | \$613.85 | \$847.12 | \$20 | \$45 | 75% Discount + Lab Charges | \$10 | \$10 | \$40 |
| 2 | \$21,640.01 | \$29,863.00 | \$832.31 | \$1,148.58 | | | | | | |
| 3 | \$27,320.01 | \$37,702.00 | \$1,050.77 | \$1,450.08 | | | | | | |
| 4 | \$33,000.01 | \$45,540.00 | \$1,269.23 | \$1,751.54 | | | | | | |
| 5 | \$38,680.01 | \$53,378.00 | \$1,487.69 | \$2,053.00 | | | | | | |
| 6 | \$44,360.01 | \$61,217.00 | \$1,706.15 | \$2,354.50 | | | | | | |
| 7 | \$50,040.01 | \$69,055.00 | \$1,924.62 | \$2,655.96 | | | | | | |
| 8 | \$55,720.01 | \$76,894.00 | \$2,143.08 | \$2,957.46 | | | | | | |
| # | \$ 7,838.40 | | 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 Income (every-other week) | | Primary Care, Mental Health/SUD, Podiatry, Optometry, and Chiropractic Charge per Visit | Dental Diagnostic and Preventive (exam, regular cleanings, X-rays, sealants) | Dental Restorative/Other Dental (excluded prosthetics/Labs) | Prenatal Charge per Visit | Nurse Charge per Visit* | Laboratory & **Imaging Services total lab charges |
| | From | To | From | To | | | | | | |
| 1 | \$22,025.01 | \$27,930.00 | \$847.12 | \$1,074.23 | \$30 | \$50 | 50% Discount + Lab Charge | \$15 | \$15 | \$40 |
| 2 | \$29,863.01 | \$37,870.00 | \$1,148.58 | \$1,456.54 | | | | | | |
| 3 | \$37,702.01 | \$47,810.00 | \$1,450.08 | \$1,838.85 | | | | | | |
| 4 | \$45,540.01 | \$57,750.00 | \$1,751.54 | \$2,221.15 | | | | | | |
| 5 | \$53,378.01 | \$67,690.00 | \$2,053.00 | \$2,603.46 | | | | | | |
| 6 | \$61,217.01 | \$77,630.00 | \$2,354.50 | \$2,985.77 | | | | | | |
| 7 | \$69,055.01 | \$87,570.00 | \$2,655.96 | \$3,368.08 | | | | | | |
| 8 | \$76,894.01 | \$97,510.00 | \$2,957.46 | \$3,750.38 | | | | | | |
| # | \$ 9,940.00 | | 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 Income (every-other week) | | Primary Care, Mental Health/SUD, Podiatry, Optometry, and Chiropractic Charge per Visit | Dental Diagnostic and Preventive (exam, regular cleanings, X-rays, sealants) | Dental Restorative/Other Dental (excluded prosthetics/Labs) | Prenatal Charge per Visit | Nurse Charge per Visit* | Laboratory & **Imaging Services total lab charges |
| | From | To | From | To | | | | | | |
| 1 | \$27,930.01 | \$31,920.00 | \$1,074.23 | \$1,227.69 | \$40 | \$60 | 25% Discount + Lab Charge | \$20 | \$20 | \$40 |
| 2 | \$37,870.01 | \$43,280.00 | \$1,456.54 | \$1,664.62 | | | | | | |
| 3 | \$47,810.01 | \$54,640.00 | \$1,838.85 | \$2,101.54 | | | | | | |
| 4 | \$57,750.01 | \$66,000.00 | \$2,221.15 | \$2,538.46 | | | | | | |
| 5 | \$67,690.01 | \$77,360.00 | \$2,603.46 | \$2,975.38 | | | | | | |
| 6 | \$77,630.01 | \$88,720.00 | \$2,985.77 | \$3,412.31 | | | | | | |
| 7 | \$87,570.01 | \$100,080.00 | \$3,368.08 | \$3,849.23 | | | | | | |
| 8 | \$97,510.01 | \$111,440.00 | \$3,750.39 | \$4,286.15 | | | | | | |
| # | \$ 11,360.00 | | 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 | | | |
|---|--|----------------------|--|
| Full pay patients should be prepared to pay a deposit (see amount below) toward their visit charges each time they present for services. | | | |
| Primary Care, Mental Health, SUD, Podiatry, Optometry and Dental Services | Full pay patients should be prepared to pay a \$50 Deposit. Patient will be billed for remaining balance of charges. | Prenatal Care | Full pay patients should be prepared to pay a \$30 Deposit. Patient will be billed for remaining balance of charges. |
| | | Nurse Only | Full pay patients should be prepared to pay a \$20 Deposit. Patient will be billed for remaining balance of charges. |
| Insured patients below 200% of the Federal Poverty Level should be prepared to pay the lesser of the insurance copay or applicable SFDS pay class. Copay information is frequently found on the front or the back of the patient's insurance card. | | | |
| Some services offered in other areas of our building are provided by an outpatient department of the SIDNEY & LOIS ESKENAZI HOSPITAL. For these provider based services you will receive two bills, one for the services Laboratory Services - when a sample is sent to an outside lab, including the SIDNEY & LOIS ESKENAZI HOSPITAL. | | | |
| Rehabilitation Services (Physical Therapy, Speech Therapy or Occupational Therapy) Imaging Services: Advanced diagnostic radiology (e.g., CT, MRI, diagnostic mammogram, advanced ultrasound, advanced imaging or nuclear medicine) are considered specialty services. * Self-administered medication observation nurse visits are exempt from any patient responsibility charges. **Imaging services eligible for the sliding fee schedule include: plain medical films, basic gynecological ultrasounds, basic obstetrical ultrasounds, and screening mammography. | | | |
| Some services that are offered in our building are provided by other departments or grantees of HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY. You may receive a bill from the provider of those services and/or the Marion County Department of Public Health. These include, but are not limited to: | | | |
| Dental Services at Blackburn, Forest Manor, and Pecar. W.I.C. (Women, Infant & Children) Services | | | |
| Patients who qualify for the sliding fee schedule are also eligible for a discount on medications at Eskenazi Health pharmacies. To learn more about this opportunity please speak to one of the Eskenazi Health Pharmacists. | | | |
| Dental Diagnostic and Preventative Procedures Include: exames, regular cleanings, x-rays, and sealants. Dental Restorative/Other Dental Services include: fillings, simple extractions, surgical extractions, and deep cleaning (SRP) Labs are not included and patient will be responsible for these costs including dentures, crowns, or partials. | | | |