

EHS Optical Shop SFDS Based on 2024 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 (every-other week) | | Optical Shop |
| | From | To | From | To | |
| 1 | \$0.00 | \$15,060.00 | \$0.00 | \$579.23 | Patient Fee at Time of Service *Order will be placed upon full payment \$ 15 - Frame A \$ 40 - Frame B \$70 - Frame C \$100 - Frame D \$ 30 - Single \$50- Bifocal \$60.00 Trifocal \$20.00 Polycarb |
| 2 | \$0.00 | \$20,440.00 | \$0.00 | \$786.15 | |
| 3 | \$0.00 | \$25,820.00 | \$0.00 | \$993.08 | |
| 4 | \$0.00 | \$31,200.00 | \$0.00 | \$1,200.00 | |
| 5 | \$0.00 | \$36,580.00 | \$0.00 | \$1,406.92 | |
| 6 | \$0.00 | \$41,960.00 | \$0.00 | \$1,613.85 | |
| 7 | \$0.00 | \$47,340.00 | \$0.00 | \$1,820.77 | |
| 8 | \$0.00 | \$52,720.00 | \$0.00 | \$2,027.69 | |
| # | \$ 5,380.00 | | 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 (every-other week) | | Optical Shop |
| | From | To | From | To | |
| 1 | \$0.00 | \$15,060.00 | \$0.00 | \$579.23 | Patient Fee at Time of Service *Order will be placed upon full payment \$ 10 - Frame A \$ 30- Frame B \$60 - Frame C \$90 - Frame D \$25- Single \$40 - Bifocal \$50.00 Trifocal \$15.00 Polycarb |
| 2 | \$0.00 | \$20,440.00 | \$0.00 | \$786.15 | |
| 3 | \$0.00 | \$25,820.00 | \$0.00 | \$993.08 | |
| 4 | \$0.00 | \$31,200.00 | \$0.00 | \$1,200.00 | |
| 5 | \$0.00 | \$36,580.00 | \$0.00 | \$1,406.92 | |
| 6 | \$0.00 | \$41,960.00 | \$0.00 | \$1,613.85 | |
| 7 | \$0.00 | \$47,340.00 | \$0.00 | \$1,820.77 | |
| 8 | \$0.00 | \$52,720.00 | \$0.00 | \$2,027.69 | |
| # | \$ 5,380.00 | | 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 | \$15,060.01 | \$20,783.00 | \$579.23 | \$799.35 | \$ 20 - Frame A \$ 45 - Frame B \$75 - Frame C \$105 - Frame D \$ 40 - Single \$60- Bifocal \$80.00 Trifocal \$25.00 Polycarb |
| 2 | \$20,440.01 | \$28,207.00 | \$786.15 | \$1,084.88 | |
| 3 | \$25,820.01 | \$35,632.00 | \$993.08 | \$1,200.00 | |
| 4 | \$31,200.01 | \$43,056.00 | \$1,200.00 | \$1,406.92 | |
| 5 | \$36,580.01 | \$50,480.00 | \$1,406.92 | \$1,613.85 | |
| 6 | \$41,960.01 | \$57,905.00 | \$1,613.85 | \$1,820.77 | |
| 7 | \$47,340.01 | \$65,329.00 | \$1,820.77 | \$2,027.69 | |
| 8 | \$52,720.01 | \$72,754.00 | \$2,027.69 | \$2,798.23 | |
| # | \$ 7,424.40 | | 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 | | Optical Shop |
| | From | To | From | To | Patient Fee at Time of Service *Order will be placed upon full payment |
| 1 | \$20,783.01 | \$35,770.00 | \$799.35 | \$1,375.77 | \$ 30 - Frame A \$ 50 - Frame B \$80 - Frame C \$110 - Frame D \$ 45- Single \$65- Bifocal \$85.00 Trifocal \$30.00 Polycarb |
| 2 | \$28,207.01 | \$45,185.00 | \$1,084.89 | \$1,737.88 | |
| 3 | \$35,632.01 | \$54,600.00 | \$1,370.46 | \$2,100.00 | |
| 4 | \$43,056.01 | \$64,015.00 | \$1,656.00 | \$2,462.12 | |
| 5 | \$50,480.01 | \$73,430.00 | \$1,941.54 | \$2,824.23 | |
| 6 | \$57,905.01 | \$82,845.00 | \$2,227.12 | \$3,186.35 | |
| 7 | \$65,329.01 | \$92,260.00 | \$2,512.65 | \$3,548.46 | |
| 8 | \$72,754.01 | \$92,260.00 | \$2,798.23 | \$3,548.46 | |
| # | \$ 9,415.00 | | 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 <i>*Order will be placed upon full payment</i> |
| 1 | \$35,770.01 | \$30,120.00 | \$1,375.77 | \$1,158.46 | \$ 35 - Frame A \$ 65 - Frame B \$90 - Frame C \$130 - Frame D \$ 50- Single \$70- Bifocal \$100.00 Trifocal \$40.00 Polycarb |
| 2 | \$45,185.01 | \$40,880.00 | \$1,737.89 | \$1,572.31 | |
| 3 | \$54,600.01 | \$51,640.00 | \$2,100.00 | \$1,986.15 | |
| 4 | \$64,015.01 | \$62,400.00 | \$2,462.12 | \$2,400.00 | |
| 5 | \$73,430.01 | \$73,160.00 | \$2,824.23 | \$2,813.85 | |
| 6 | \$82,845.01 | \$83,920.00 | \$3,186.35 | \$3,227.69 | |
| 7 | \$92,260.01 | \$94,680.00 | \$3,548.46 | \$3,641.54 | |
| 8 | \$92,260.01 | \$105,440.00 | \$3,548.46 | \$4,055.38 | |
| # | \$ 10,760.00 | | 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) | |