

EHC Optical Shop SFDS Based on 2026 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	Patient Fee at Time of Service *Order will be placed upon full payment
1	\$0.00	\$15,960.00	\$0.00	\$613.85	
2	\$0.00	\$21,640.00	\$0.00	\$832.31	
3	\$0.00	\$27,320.00	\$0.00	\$1,050.77	\$15 - Frame A \$40 - Frame B
4	\$0.00	\$33,000.00	\$0.00	\$1,269.23	\$70 - Frame C \$100 - Frame D
5	\$0.00	\$38,680.00	\$0.00	\$1,487.69	\$30 - Single \$50 - Bifocal
6	\$0.00	\$44,360.00	\$0.00	\$1,706.15	\$60.00 Trifocal \$20.00 Polycarb
7	\$0.00	\$50,040.00	\$0.00	\$1,924.62	
8	\$0.00	\$55,720.00	\$0.00	\$2,143.08	

For families/households with more than 8 members, add \$5,680 in the "To" column for each additional person.

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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	Patient Fee at Time of Service *Order will be placed upon full payment
1	\$0.00	\$15,960.00	\$0.00	\$613.85	
2	\$0.00	\$21,640.00	\$0.00	\$832.31	
3	\$0.00	\$27,320.00	\$0.00	\$1,050.77	\$ 10 - Frame A \$ 30 - Frame B
4	\$0.00	\$33,000.00	\$0.00	\$1,269.23	\$60 - Frame C \$90 - Frame D
5	\$0.00	\$38,680.00	\$0.00	\$1,487.69	\$25 - Single \$40 - Bifocal
6	\$0.00	\$44,360.00	\$0.00	\$1,706.15	\$50.00 Trifocal \$15.00 Polycarb
7	\$0.00	\$50,040.00	\$0.00	\$1,924.62	
8	\$0.00	\$55,720.00	\$0.00	\$2,143.08	

For families/households with more than 8 members, add \$5,680 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)		Optical Shop
	From	To	From	To	Patient Fee at Time of Service *Order will be placed upon full payment
1	\$15,960.01	\$22,025.00	\$613.85	\$847.12	
2	\$21,640.01	\$29,863.00	\$832.31	\$1,148.58	
3	\$27,320.01	\$37,702.00	\$1,050.77	\$1,269.23	\$ 20 - Frame A \$ 45 - Frame B
4	\$33,000.01	\$45,540.00	\$1,269.23	\$1,487.69	\$75 - Frame C \$105 - Frame D
5	\$38,680.01	\$53,378.00	\$1,487.69	\$1,706.15	\$ 40 - Single \$60- Bifocal
6	\$44,360.01	\$61,217.00	\$1,706.15	\$1,924.62	\$80.00 Trifocal \$25.00 Polycarb
7	\$50,040.01	\$69,055.00	\$1,924.62	\$2,143.08	
8	\$55,720.01	\$76,894.00	\$2,143.08	\$2,957.46	

For families/households with more than 8 members, add \$7,838.40 in the "To" column for each additional person.

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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)		Optical Shop
	From	To	From	To	Patient Fee at Time of Service *Order will be placed upon full payment
1	\$22,025.01	\$37,870.00	\$847.12	\$1,456.54	\$ 30 - Frame A \$ 50 - Frame B \$80 - Frame C \$110 - Frame D \$ 45- Single \$65- Bifocal \$85.00 Trifocal \$30.00 Polycarb
2	\$29,863.01	\$47,810.00	\$1,148.58	\$1,838.85	
3	\$37,702.01	\$57,750.00	\$1,450.08	\$2,221.15	
4	\$45,540.01	\$67,690.00	\$1,751.54	\$2,603.46	
5	\$53,378.01	\$77,630.00	\$2,053.00	\$2,985.77	
6	\$61,217.01	\$87,570.00	\$2,354.50	\$3,368.08	
7	\$69,055.01	\$97,510.00	\$2,655.96	\$3,750.38	
8	\$76,894.01	\$97,510.00	\$2,957.46	\$3,750.38	

For families/households with more than 8 members, add \$9,940.00 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	\$37,870.01	\$31,920.00	\$1,456.54	\$1,227.69	\$ 35 - Frame A \$ 65 - Frame B \$90 - Frame C \$130 - Frame D \$ 50- Single \$70- Bifocal \$100.00 Trifocal \$40.00 Polycarb
2	\$47,810.01	\$43,280.00	\$1,838.85	\$1,664.62	
3	\$57,750.01	\$54,640.00	\$2,221.15	\$2,101.54	
4	\$67,690.01	\$66,000.00	\$2,603.46	\$2,538.46	
5	\$77,630.01	\$77,360.00	\$2,985.77	\$2,975.38	
6	\$87,570.01	\$88,720.00	\$3,368.08	\$3,412.31	
7	\$97,510.01	\$100,080.00	\$3,750.39	\$3,849.23	
8	\$97,510.01	\$111,440.00	\$3,750.39	\$4,286.15	

For families/households with more than 8 members, add \$11,360.00 in the "To" column for each additional person.

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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)