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	
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	$ 30 - Frame A $ 50 - Frame B
4	$45,540.01	$67,690.00	$1,751.54	$2,603.46	$80 - Frame C $110 - Frame D
5	$53,378.01	$77,630.00	$2,053.00	$2,985.77	$ 45- Single $65- Bifocal
6	$61,217.01	$87,570.00	$2,354.50	$3,368.08	$85.00 Trifocal $30.00 Polycarb
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	
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	$ 35 - Frame A $ 65 - Frame B
4	$67,690.01	$66,000.00	$2,603.46	$2,538.46	$90 - Frame C $130 - Frame D
5	$77,630.01	$77,360.00	$2,985.77	$2,975.38	$ 50- Single $70- Bifocal
6	$87,570.01	$88,720.00	$3,368.08	$3,412.31	$100.00 Trifocal $40.00 Polycarb
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)