

SEMHC SFDS on 2026 Federal Poverty Guidelines

Sandra Eskenazi Mental Health Center							
Charges are 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)		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To			
1	\$0.00	\$15,960.00	\$0.00	\$613.85	\$5	\$0	\$0
2	\$0.00	\$21,640.00	\$0.00	\$832.31	\$5	\$0	\$0
3	\$0.00	\$27,320.00	\$0.00	\$1,050.77	\$5	\$0	\$0
4	\$0.00	\$33,000.00	\$0.00	\$1,269.23	\$5	\$0	\$0
5	\$0.00	\$38,680.00	\$0.00	\$1,487.69	\$5	\$0	\$0
6	\$0.00	\$44,360.00	\$0.00	\$1,706.15	\$5	\$0	\$0
7	\$0.00	\$50,040.00	\$0.00	\$1,924.62	\$5	\$0	\$0
8	\$0.00	\$55,720.00	\$0.00	\$2,143.08	\$5	\$0	\$0
For families/households with more than 8 members, add \$5,680 to the dollar value in the "To" column for each							

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PLAN H (Nominal Fee): 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)		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To			
1	\$0.00	\$15,960.00	\$0.00	\$613.85	\$0	\$0	\$0
2	\$0.00	\$21,640.00	\$0.00	\$832.31	\$0	\$0	\$0
3	\$0.00	\$27,320.00	\$0.00	\$1,050.77	\$0	\$0	\$0
4	\$0.00	\$33,000.00	\$0.00	\$1,269.23	\$0	\$0	\$0
5	\$0.00	\$38,680.00	\$0.00	\$1,487.69	\$0	\$0	\$0
6	\$0.00	\$44,360.00	\$0.00	\$1,706.15	\$0	\$0	\$0
7	\$0.00	\$50,040.00	\$0.00	\$1,924.62	\$0	\$0	\$0
8	\$0.00	\$55,720.00	\$0.00	\$2,143.08	\$0	\$0	\$0

For families/households with more than 8 members, add \$5,680 to the dollar value in the "To" column for each

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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		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To	Patient responsibility at Time of Visit		Patient Responsibility but Not at Time of Visit
1	\$15,960.01	\$22,025.00	\$613.85	\$847.12	\$15	\$5	\$35
2	\$21,640.01	\$29,863.00	\$832.31	\$1,148.58	\$15	\$5	\$35
3	\$27,320.01	\$37,702.00	\$1,050.77	\$1,450.08	\$15	\$5	\$35
4	\$33,000.01	\$45,540.00	\$1,269.23	\$1,751.54	\$15	\$5	\$35
5	\$38,680.01	\$53,378.00	\$1,487.69	\$2,053.00	\$15	\$5	\$35
6	\$44,360.01	\$61,217.00	\$1,706.15	\$2,354.50	\$15	\$5	\$35
7	\$50,040.01	\$69,055.00	\$1,924.62	\$2,655.96	\$15	\$5	\$35
8	\$55,720.01	\$76,894.00	\$2,143.08	\$2,957.46	\$15	\$5	\$35

For families/households with more than 8 members, add \$7,838.40 to the dollar value in the "To" column for each

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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		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To	Patient Responsibility at Time of Visit		Patient Responsibility but Not at Time of Visit
1	\$22,025.01	\$27,930.00	\$847.12	\$1,074.23	\$25	\$10	\$35
2	\$29,863.01	\$37,870.00	\$1,148.58	\$1,456.54	\$25	\$10	\$35
3	\$37,702.01	\$47,810.00	\$1,450.08	\$1,838.85	\$25	\$10	\$35
4	\$45,540.01	\$57,750.00	\$1,751.54	\$2,221.15	\$25	\$10	\$35
5	\$53,378.01	\$67,690.00	\$2,053.00	\$2,603.46	\$25	\$10	\$35
6	\$61,217.01	\$77,630.00	\$2,354.50	\$2,985.77	\$25	\$10	\$35
7	\$69,055.01	\$87,570.00	\$2,655.96	\$3,368.08	\$25	\$10	\$35
8	\$76,894.01	\$97,510.00	\$2,957.46	\$3,750.38	\$25	\$10	\$35

For families/households with more than 8 members, add \$9,940.00 to the dollar value in the "To" column for each

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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		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To	Patient Responsibility at Time of Visit		Patient Responsibility but Not at Time of Visit
1	\$27,930.01	\$31,920.00	\$1,074.23	\$1,227.69	\$35	\$15	\$35
2	\$37,870.01	\$43,280.00	\$1,456.54	\$1,664.62	\$35	\$15	\$35
3	\$47,810.01	\$54,640.00	\$1,838.85	\$2,101.54	\$35	\$15	\$35
4	\$57,750.01	\$66,000.00	\$2,221.15	\$2,538.46	\$35	\$15	\$35
5	\$67,690.01	\$77,360.00	\$2,603.46	\$2,975.38	\$35	\$15	\$35
6	\$77,630.01	\$88,720.00	\$2,985.77	\$3,412.31	\$35	\$15	\$35
7	\$87,570.01	\$100,080.00	\$3,368.08	\$3,849.23	\$35	\$15	\$35
8	\$97,510.01	\$111,440.00	\$3,750.39	\$4,286.15	\$35	\$15	\$35

For families/households with more than 8 members, add \$11,360 to the dollar value in the "To" column for each

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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.

Mental Health and Substance	<p>Full pay patients should be prepared to pay a \$50 Deposit. Patient will be billed for remaining balance of charges.</p>	Nurse Only	<p>Full pay patients should be prepared to pay a \$20 Deposit. Patient will be billed for remaining balance of charges.</p>	Laboratory	<p>Full pay patients should be prepared to pay a \$35 Deposit. Patient will be billed for remaining balance of charges.</p>
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Insured patients below 200% of the Federal Poverty Level should be prepared to pay the lesser of the insurance copay or applicable SFDS pay

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Some services offered in 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 provided by the medical professional staff and a second bill for the facility services. You may be responsible for two copayment amounts. Some of the hospital outpatient services include, but are not limited to:

Laboratory Services - when a sample is sent to an outside lab, including the SIDNEY & LOIS ESKENAZI HOSPITAL.