

Sliding Fee Scale and Financial Eligibility Criteria

		Nominal Fee				Sliding Scale - B				Sliding Scale - C				Sliding Scale - D				Sliding Scale - E				Sliding Scale - F			
		Medical - \$25				Medical - \$35				Medical - \$40				Medical - \$50				Medical - \$60				Medical - No Discount			
		Dental - \$65				Dental - 50% of Charge				Dental - 60% of Charge				Dental - 70% of Charge				Dental - 80% of Charge				Dental - No Discount			
		Single Vision Package - \$40				Single Vision Package - \$44				Single Vision Package - \$46				Single Vision Package - \$49				Single Vision Package - \$51				Single Vision Package - No Discount			
		Bifocal Package - \$47				Bifocal Package - \$50				Bifocal Package - \$52				Bifocal Package - \$55				Bifocal Package - \$58				Bifocal Package - No Discount			
		Trifocal Package - \$68				Trifocal Package - \$71				Trifocal Package - \$75				Trifocal Package - \$78				Trifocal Package - \$82				Trifocal Package - No Discount			
		Progressives Package - \$127				Progressives Package - \$133				Progressives Package - \$140				Progressives Package - \$147				Progressives Package - \$154				Progressives Package - No Discount			
		Pharmacy Admin Fee (NCS) - \$5				Pharmacy Admin Fee (NCS) - \$6				Pharmacy Admin Fee (NCS) - \$7				Pharmacy Admin Fee (NCS) - \$8				Pharmacy Admin Fee (NCS) - \$10				Pharmacy Admin Fee (NCS) - No Discount			
		Pharmacy Admin Fee (CS) - \$30				Pharmacy Admin Fee (CS) - \$35				Pharmacy Admin Fee (CS) - \$40				Pharmacy Admin Fee (CS) - \$45				Pharmacy Admin Fee (CS) - \$50				Pharmacy Admin Fee (CS) - No Discount			
		Below 100% of FPG				>=100.01%-125% of FPG				>=125.01%-150% of FPG				>=150.01%-175% of FPG				>=175.01%-200% of FPG				>=200.01% of FPG			
Family Size		Monthly Income				Monthly Income				Monthly Income				Monthly Income				Monthly Income				Monthly Income			
1		\$0	-		\$1,215	\$1,216	-		\$1,519	\$1,520	-		\$1,823	\$1,824	-		\$2,126	\$2,127	-		\$2,430	\$2,431	-		no limit
2		\$0	-		\$1,643	\$1,644	-		\$2,054	\$2,055	-		\$2,465	\$2,466	-		\$2,876	\$2,877	-		\$3,287	\$3,288	-		no limit
3		\$0	-		\$2,072	\$2,073	-		\$2,590	\$2,591	-		\$3,108	\$3,109	-		\$3,625	\$3,626	-		\$4,143	\$4,144	-		no limit
4		\$0	-		\$2,500	\$2,501	-		\$3,125	\$3,126	-		\$3,750	\$3,751	-		\$4,375	\$4,376	-		\$5,000	\$5,001	-		no limit
5		\$0	-		\$2,928	\$2,929	-		\$3,660	\$3,661	-		\$4,393	\$4,394	-		\$5,125	\$5,126	-		\$5,857	\$5,858	-		no limit
6		\$0	-		\$3,357	\$3,358	-		\$4,196	\$4,197	-		\$5,035	\$5,036	-		\$5,874	\$5,875	-		\$6,713	\$6,714	-		no limit
7		\$0	-		\$3,785	\$3,786	-		\$4,731	\$4,732	-		\$5,678	\$5,679	-		\$6,624	\$6,625	-		\$7,570	\$7,571	-		no limit
8		\$0	-		\$4,213	\$4,214	-		\$5,267	\$5,268	-		\$6,320	\$6,321	-		\$7,373	\$7,374	-		\$8,427	\$8,428	-		no limit
9		\$0	-		\$4,642	\$4,643	-		\$5,802	\$5,803	-		\$6,963	\$6,964	-		\$8,123	\$8,124	-		\$9,283	\$9,284	-		no limit
10		\$0	-		\$5,070	\$5,071	-		\$6,338	\$6,339	-		\$7,605	\$7,606	-		\$8,873	\$8,874	-		\$10,140	\$10,141	-		no limit
Each Add'l					\$428				\$535				\$643				\$750				\$857				\$964
Length of Sliding Scale		*Federal Poverty Guidelines as published in the Federal Register effective January 19, 2023																							
With Proof of Income	1 Year	Prompt Pay Discount - \$5.00																							
Without Proof of Income	1 Month	Unless services are covered by a specific category stated above, their cost will default into the 'Medical' category. There is no Prompt Pay Discount for Eye Glasses Packages.																							