

# Sliding Fee Scale and Financial Eligibility Criteria

		<u>Nominal Fee</u>			<u>Sliding Scale - B</u>			<u>Sliding Scale - C</u>			<u>Sliding Scale - D</u>			<u>Sliding Scale - E</u>			<u>Sliding Scale - F</u>		
		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		
Family Size	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			
	Monthly Income			Monthly Income			Monthly Income			Monthly Income			Monthly Income			Monthly Income			
1	\$0	-	\$1,255	\$1,256	-	\$1,569	\$1,570	-	\$1,883	\$1,884	-	\$2,196	\$2,197	-	\$2,510	\$2,511	-	no limit	
2	\$0	-	\$1,703	\$1,704	-	\$2,129	\$2,130	-	\$2,555	\$2,556	-	\$2,981	\$2,982	-	\$3,407	\$3,408	-	no limit	
3	\$0	-	\$2,152	\$2,153	-	\$2,690	\$2,691	-	\$3,228	\$3,229	-	\$3,765	\$3,766	-	\$4,303	\$4,304	-	no limit	
4	\$0	-	\$2,600	\$2,601	-	\$3,250	\$3,251	-	\$3,900	\$3,901	-	\$4,550	\$4,551	-	\$5,200	\$5,201	-	no limit	
5	\$0	-	\$3,048	\$3,049	-	\$3,810	\$3,811	-	\$4,573	\$4,574	-	\$5,335	\$5,336	-	\$6,097	\$6,098	-	no limit	
6	\$0	-	\$3,497	\$3,498	-	\$4,371	\$4,372	-	\$5,245	\$5,246	-	\$6,119	\$6,120	-	\$6,993	\$6,994	-	no limit	
7	\$0	-	\$3,945	\$3,946	-	\$4,931	\$4,932	-	\$5,918	\$5,919	-	\$6,904	\$6,905	-	\$7,890	\$7,891	-	no limit	
8	\$0	-	\$4,393	\$4,394	-	\$5,492	\$5,493	-	\$6,590	\$6,591	-	\$7,688	\$7,689	-	\$8,787	\$8,788	-	no limit	
9	\$0	-	\$4,842	\$4,843	-	\$6,052	\$6,053	-	\$7,263	\$7,264	-	\$8,473	\$8,474	-	\$9,683	\$9,684	-	no limit	
10	\$0	-	\$5,290	\$5,291	-	\$6,613	\$6,614	-	\$7,935	\$7,936	-	\$9,258	\$9,259	-	\$10,580	\$10,581	-	no limit	
Each Add'l			\$448		\$560		\$673		\$785		\$897		\$0		\$0		\$0		
Length of Sliding Scale		*Federal Poverty Guidelines as published in the Federal Register effective January 17, 2024																	
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.																	