

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						
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	-	\$1,304	\$1,305	-	\$1,630	\$1,631	-	\$1,956	\$1,957	-	\$2,282	\$2,283	-	\$2,608	\$2,609	-	no limit
2	\$0	-	\$1,763	\$1,764	-	\$2,203	\$2,204	-	\$2,644	\$2,645	-	\$3,084	\$3,085	-	\$3,525	\$3,526	-	no limit
3	\$0	-	\$2,221	\$2,222	-	\$2,776	\$2,777	-	\$3,331	\$3,332	-	\$3,886	\$3,887	-	\$4,442	\$4,443	-	no limit
4	\$0	-	\$2,679	\$2,680	-	\$3,349	\$3,350	-	\$4,019	\$4,020	-	\$4,689	\$4,690	-	\$5,358	\$5,359	-	no limit
5	\$0	-	\$3,138	\$3,139	-	\$3,922	\$3,923	-	\$4,706	\$4,707	-	\$5,491	\$5,492	-	\$6,275	\$6,276	-	no limit
6	\$0	-	\$3,596	\$3,597	-	\$4,495	\$4,496	-	\$5,394	\$5,395	-	\$6,293	\$6,294	-	\$7,192	\$7,193	-	no limit
7	\$0	-	\$4,054	\$4,055	-	\$5,068	\$5,069	-	\$6,081	\$6,082	-	\$7,095	\$7,096	-	\$8,108	\$8,109	-	no limit
8	\$0	-	\$4,513	\$4,514	-	\$5,641	\$5,642	-	\$6,769	\$6,770	-	\$7,897	\$7,898	-	\$9,025	\$9,026	-	no limit
9	\$0	-	\$4,971	\$4,972	-	\$6,214	\$6,215	-	\$7,456	\$7,457	-	\$8,699	\$8,700	-	\$9,942	\$9,943	-	no limit
10	\$0	-	\$5,429	\$5,430	-	\$6,786	\$6,787	-	\$8,144	\$8,145	-	\$9,501	\$9,502	-	\$10,858	\$10,859	-	no limit
Each Add'l			\$458			\$573			\$688			\$802			\$917			\$0

Length of Sliding Scale	
With Proof of Income	1 Year
Without Proof of Income	1 Month

**Federal Poverty Guidelines as published in the Federal Register effective January 15, 2025
 Prompt Pay Discount - \$5.00

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.