

# 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 - \$50		Single Vision Package - \$54		Single Vision Package - \$56		Single Vision Package - \$59		Single Vision Package - \$61		Single Vision Package - No Discount							
		Bifocal Package - \$57		Bifocal Package - \$60		Bifocal Package - \$62		Bifocal Package - \$65		Bifocal Package - \$68		Bifocal Package - No Discount							
		Trifocal Package - \$78		Trifocal Package - \$81		Trifocal Package - \$85		Trifocal Package - \$88		Trifocal Package - \$92		Trifocal Package - No Discount							
		Progressives Package - \$137		Progressives Package - \$143		Progressives Package - \$150		Progressives Package - \$157		Progressives Package - \$164		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								
	Annual Income		Annual Income		Annual Income		Annual Income		Annual Income		Annual Income								
1	\$0	-	\$15,650.00	\$15,650.01	-	\$19,562.50	\$19,562.51	-	\$23,475.00	\$23,475.01	-	\$27,387.50	\$27,387.51	-	\$31,300.00	\$31,300.01	-	no limit	
2	\$0	-	\$21,150.00	\$21,150.01	-	\$26,437.50	\$26,437.51	-	\$31,725.00	\$31,725.01	-	\$37,012.50	\$37,012.51	-	\$42,300.00	\$42,300.01	-	no limit	
3	\$0	-	\$26,650.00	\$26,650.01	-	\$33,312.50	\$33,312.51	-	\$39,975.00	\$39,975.01	-	\$46,637.50	\$46,637.51	-	\$53,300.00	\$53,300.01	-	no limit	
4	\$0	-	\$32,150.00	\$32,150.01	-	\$40,187.50	\$40,187.51	-	\$48,225.00	\$48,225.01	-	\$56,262.50	\$56,262.51	-	\$64,300.00	\$64,300.01	-	no limit	
5	\$0	-	\$37,650.00	\$37,650.01	-	\$47,062.50	\$47,062.51	-	\$56,475.00	\$56,475.01	-	\$65,887.50	\$65,887.51	-	\$75,300.00	\$75,300.01	-	no limit	
6	\$0	-	\$43,150.00	\$43,150.01	-	\$53,937.50	\$53,937.51	-	\$64,725.00	\$64,725.01	-	\$75,512.50	\$75,512.51	-	\$86,300.00	\$86,300.01	-	no limit	
7	\$0	-	\$48,650.00	\$48,650.01	-	\$60,812.50	\$60,812.51	-	\$72,975.00	\$72,975.01	-	\$85,137.50	\$85,137.51	-	\$97,300.00	\$97,300.01	-	no limit	
8	\$0	-	\$54,150.00	\$54,150.01	-	\$67,687.50	\$67,687.51	-	\$81,225.00	\$81,225.01	-	\$94,762.50	\$94,762.51	-	\$108,300.00	\$108,300.01	-	no limit	
9	\$0	-	\$59,650.00	\$59,650.01	-	\$74,562.50	\$74,562.51	-	\$89,475.00	\$89,475.01	-	\$104,387.50	\$104,387.51	-	\$119,300.00	\$119,300.01	-	no limit	
10	\$0	-	\$65,150.00	\$65,150.01	-	\$81,437.50	\$81,437.51	-	\$97,725.00	\$97,725.01	-	\$114,012.50	\$114,012.51	-	\$130,300.00	\$130,300.01	-	no limit	
Each Add'l			\$5,500.00			\$6,875.00			\$8,250.00			\$9,625.00			\$11,000.00			\$0.00	
<b>Length of Sliding Scale</b>		*Federal Poverty Guidelines as published in the Federal Register effective January 25,2025																	
<b>With Proof of Income</b>	<b>1 Year</b>	Prompt Pay Discount - \$5.00																	
<b>Without Proof of Income</b>	<b>1 Month</b>	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.																	

# Escala de Pago y Criterios de Elegibilidad Financiera

		Tarifa Nominal		Escala de Pago - B		Escala de Pago - C		Escala de Pago - D		Escala de Pago - E		Escala de Pago - F							
		Medical - \$25		Medical - \$35		Medical - \$40		Medical - \$50		Medical - \$60		Medical - Sin Descuento							
		Dental - \$65		Dental - 50% del Costo		Dental - 60% del Costo		Dental - 70% del Costo		Dental - 80% del Costo		Dental - Sin Descuento							
		Paquete de Visión Único - \$50		Paquete de Visión Único - \$54		Paquete de Visión Único - \$56		Paquete de Visión Único - \$59		Paquete de Visión Único - \$61		Paquete de Visión Único - Sin Descuento							
		Paquete Bifocal - \$57		Paquete Bifocal - \$60		Paquete Bifocal - \$62		Paquete Bifocal - \$65		Paquete Bifocal - \$68		Paquete Bifocal - Sin Descuento							
		Paquete Trifocal - \$78		Paquete Trifocal- \$81		Paquete Trifocal- \$85		Paquete Trifocal- \$88		Paquete Trifocal- \$92		Paquete Trifocal- Sin Descuento							
		Paquete de Progresivos - \$137		Paquete de Progresivos - \$143		Paquete de Progresivos - \$150		Paquete de Progresivos - \$157		Paquete de Progresivos - \$164		Paquete de Progresivos - Sin Descuento							
		Tarifa administrativa de farmacia (NCS) - \$5		Tarifa administrativa de farmacia (NCS) - \$6		Tarifa administrativa de farmacia (NCS) - \$7		Tarifa administrativa de farmacia (NCS) - \$8		Tarifa administrativa de farmacia (NCS) - \$10		Tarifa administrativa de farmacia (NCS) - Sin Descuento							
		Tarifa administrativa de Farmacia (CS) - \$30		Tarifa administrativa de farmacia (CS) - \$35		Tarifa administrativa de farmacia (CS) - \$40		Tarifa administrativa de farmacia (CS) - \$45		Tarifa administrativa de farmacia (CS) - \$50		Tarifa administrativa de farmacia (CS) - Sin Descuento							
Tamaño de Familia		Menos del 100% de PFP		>=100.01%-125% de PFP		>=125.01%-150% de PFP		>=150.01%-175% de PFP		>=175.01%-200% de PFP		>=200.01% de PFP							
		Ingreso Anual		Ingreso Anual		Ingreso Anual		Ingreso Anual		Ingreso Anual		Ingreso Anual							
1		\$0	-	\$15,650.00	\$15,650.01	-	\$19,562.50	\$19,562.51	-	\$23,475.00	\$23,475.01	-	\$27,387.50	\$27,387.51	-	\$31,300.00	\$31,300.01	-	no limit
2		\$0	-	\$21,150.00	\$21,150.01	-	\$26,437.50	\$26,437.51	-	\$31,725.00	\$31,725.01	-	\$37,012.50	\$37,012.51	-	\$42,300.00	\$42,300.01	-	no limit
3		\$0	-	\$26,650.00	\$26,650.01	-	\$33,312.50	\$33,312.51	-	\$39,975.00	\$39,975.01	-	\$46,637.50	\$46,637.51	-	\$53,300.00	\$53,300.01	-	no limit
4		\$0	-	\$32,150.00	\$32,150.01	-	\$40,187.50	\$40,187.51	-	\$48,225.00	\$48,225.01	-	\$56,262.50	\$56,262.51	-	\$64,300.00	\$64,300.01	-	no limit
5		\$0	-	\$37,650.00	\$37,650.01	-	\$47,062.50	\$47,062.51	-	\$56,475.00	\$56,475.01	-	\$65,887.50	\$65,887.51	-	\$75,300.00	\$75,300.01	-	no limit
6		\$0	-	\$43,150.00	\$43,150.01	-	\$53,937.50	\$53,937.51	-	\$64,725.00	\$64,725.01	-	\$75,512.50	\$75,512.51	-	\$86,300.00	\$86,300.01	-	no limit
7		\$0	-	\$48,650.00	\$48,650.01	-	\$60,812.50	\$60,812.51	-	\$72,975.00	\$72,975.01	-	\$85,137.50	\$85,137.51	-	\$97,300.00	\$97,300.01	-	no limit
8		\$0	-	\$54,150.00	\$54,150.01	-	\$67,687.50	\$67,687.51	-	\$81,225.00	\$81,225.01	-	\$94,762.50	\$94,762.51	-	\$108,300.00	\$108,300.01	-	no limit
9		\$0	-	\$59,650.00	\$59,650.01	-	\$74,562.50	\$74,562.51	-	\$89,475.00	\$89,475.01	-	\$104,387.50	\$104,387.51	-	\$119,300.00	\$119,300.01	-	no limit
10		\$0	-	\$65,150.00	\$65,150.01	-	\$81,437.50	\$81,437.51	-	\$97,725.00	\$97,725.01	-	\$114,012.50	\$114,012.51	-	\$130,300.00	\$130,300.01	-	no limit
	Cada adicional			\$5,500.00			\$6,875.00			\$8,250.00			\$9,625.00			\$11,000.00			\$0.00
<b>Tiempo de Escala de Pago</b>																			
Con prueba de Ingreso	1 Año																		
Sin prueba de Ingreso	1 Mes																		

\* Pautas federales de pobreza publicadas en el Registro Federal a partir del 15 de enero de 2025

Descuento por pago puntual: \$5.00

A menos que los servicios estén cubiertos por una categoría específica indicada anteriormente, su costo pasará de forma predeterminada a la categoría "Médica"

No hay descuento por pago puntual para los paquetes de anteojos