



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	\$35	\$40	\$50	\$60	No discount
Dental	\$65	50% of Charge	60% of Charge	70% of Charge	80% of Charge	No discount
Single Vision Package	\$50	\$54	\$56	\$59	\$61	No discount
Bifocal Package	\$57	\$60	\$62	\$65	\$68	No discount
Trifocal Package	\$78	\$81	\$85	\$88	\$92	No discount
Progressives Package	\$137	\$143	\$150	\$157	\$164	No discount
Pharmacy Dispense Fee (NCS)	\$5	\$6	\$7	\$8	\$10	No discount
Pharmacy Dispense Fee (CS)	\$30	\$35	\$40	\$45	\$50	No discount

Family Size	At or Below 100% of FPG* Annual Income	>=100.01%-125% of FPG Annual Income	>=125.01%-150% of FPG Annual Income	>=150.01%-175% of FPG Annual Income	>=175.01%-200% of FPG Annual Income	>=200.01% of FPG Annual Income
1	\$0 - \$15,960.00	\$15,960.01 - \$19,950.00	\$19,950.01 - \$23,940.00	\$23,940.01 - \$27,930.00	\$27,930.01 - \$31,920.00	\$31,920.01 - no limit
2	\$0 - \$21,640.00	\$21,640.01 - \$27,050.00	\$27,050.01 - \$32,460.00	\$32,460.01 - \$37,870.00	\$37,870.01 - \$43,280.00	\$43,280.01 - no limit
3	\$0 - \$27,320.00	\$27,320.01 - \$34,150.00	\$34,150.01 - \$40,980.00	\$40,980.01 - \$47,810.00	\$47,810.01 - \$54,640.00	\$54,640.01 - no limit
4	\$0 - \$33,000.00	\$33,000.01 - \$41,250.00	\$41,250.01 - \$49,500.00	\$49,500.01 - \$57,750.00	\$57,750.01 - \$66,000.00	\$66,000.01 - no limit
5	\$0 - \$38,680.00	\$38,680.01 - \$48,350.00	\$48,350.01 - \$58,020.00	\$58,020.01 - \$67,690.00	\$67,690.01 - \$77,360.00	\$77,360.01 - no limit
6	\$0 - \$44,360.00	\$44,360.01 - \$55,450.00	\$55,450.01 - \$66,540.00	\$66,540.01 - \$77,630.00	\$77,630.01 - \$88,720.00	\$88,720.01 - no limit
7	\$0 - \$50,040.00	\$50,040.01 - \$62,550.00	\$62,550.01 - \$75,060.00	\$75,060.01 - \$87,570.00	\$87,570.01 - \$100,080.00	\$100,080.01 - no limit
8	\$0 - \$55,720.00	\$55,720.01 - \$69,650.00	\$69,650.01 - \$83,580.00	\$83,580.01 - \$97,510.00	\$97,510.01 - \$111,440.00	\$111,440.01 - no limit
9	\$0 - \$61,400.00	\$61,400.01 - \$76,750.00	\$76,750.01 - \$92,100.00	\$92,100.01 - \$107,450.00	\$107,450.01 - \$122,800.00	\$122,800.01 - no limit
10	\$0 - \$67,080.00	\$67,080.01 - \$83,850.00	\$83,850.01 - \$100,620.00	\$100,620.01 - \$117,390.00	\$117,390.01 - \$134,160.00	\$134,160.01 - no limit
Each Add'l	\$5,680.00	\$7,100.00	\$8,520.00	\$9,940.00	\$11,360.00	\$0.00

Length of Sliding Scale
 With Proof of Income: 1 year
 Without Proof of Income: 1 month

Unless services are covered by a specific category stated above, their cost will default into the 'Medical' category.
 Prompt Pay Discount - \$5.00
 There is no Prompt Pay Discount for Eye Glasses Packages.

*Federal Poverty Guidelines (FPG) as published in the Federal Register effective January 13, 2026