

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	-	\$1,304	\$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.

Escala de Pago y Criterios de Elegibilidad Financiera

		<u>Tarifa Nominal</u>			<u>Escala de Pago - B</u>			<u>Escala de Pago - C</u>			<u>Escala de Pago - D</u>			<u>Escala de Pago - E</u>			<u>Escala de Pago - F</u>		
		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 - \$40			Paquete de Visión Único - \$44			Paquete de Visión Único - \$46			Paquete de Visión Único - \$49			Paquete de Visión Único - \$51			Paquete de Visión Único - Sin Descuento		
		Paquete Bifocal - \$47			Paquete Bifocal - \$50			Paquete Bifocal - \$52			Paquete Bifocal - \$55			Paquete Bifocal - \$58			Paquete Bifocal - Sin Descuento		
		Paquete Trifocal - \$68			Paquete Trifocal- \$71			Paquete Trifocal- \$75			Paquete Trifocal- \$78			Paquete Trifocal- \$82			Paquete Trifocal- Sin Descuento		
		Paquete de Progresivos - \$127			Paquete de Progresivos - \$133			Paquete de Progresivos - \$140			Paquete de Progresivos - \$147			Paquete de Progresivos - \$154			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 Mensual			Ingreso Mensual			Ingreso Mensual			Ingreso Mensual			Ingreso Mensual			Ingreso Mensual			
1	\$0	-	\$1,304	\$1,305	-	\$1,630	\$1,631	-	\$1,956	\$1,957	-	\$2,282	\$2,283	-	\$2,608	\$2,609	-	Sin limite	
2	\$0	-	\$1,763	\$1,764	-	\$2,203	\$2,204	-	\$2,644	\$2,645	-	\$3,084	\$3,085	-	\$3,525	\$3,526	-	Sin limite	
3	\$0	-	\$2,221	\$2,222	-	\$2,776	\$2,777	-	\$3,331	\$3,332	-	\$3,886	\$3,887	-	\$4,442	\$4,443	-	Sin limite	
4	\$0	-	\$2,679	\$2,680	-	\$3,349	\$3,350	-	\$4,019	\$4,020	-	\$4,689	\$4,690	-	\$5,358	\$5,359	-	Sin limite	
5	\$0	-	\$3,138	\$3,139	-	\$3,922	\$3,923	-	\$4,706	\$4,707	-	\$5,491	\$5,492	-	\$6,275	\$6,276	-	Sin limite	
6	\$0	-	\$3,596	\$3,597	-	\$4,495	\$4,496	-	\$5,394	\$5,395	-	\$6,293	\$6,294	-	\$7,192	\$7,193	-	Sin limite	
7	\$0	-	\$4,054	\$4,055	-	\$5,068	\$5,069	-	\$6,081	\$6,082	-	\$7,095	\$7,096	-	\$8,108	\$8,109	-	Sin limite	
8	\$0	-	\$4,513	\$4,514	-	\$5,641	\$5,642	-	\$6,769	\$6,770	-	\$7,897	\$7,898	-	\$9,025	\$9,026	-	Sin limite	
9	\$0	-	\$4,971	\$4,972	-	\$6,214	\$6,215	-	\$7,456	\$7,457	-	\$8,699	\$8,700	-	\$9,942	\$9,943	-	Sin limite	
10	\$0	-	\$5,429	\$5,430	-	\$6,786	\$6,787	-	\$8,144	\$8,145	-	\$9,501	\$9,502	-	\$10,858	\$10,859	-	Sin limite	
Cada adicional			\$458			\$573			\$688			\$802			\$917			\$0	
Tiempo de Escala de Pago																			
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