

**Mid-State Health Center  
Community Care Guidelines for Dental Services  
April 1, 2018 to March 31, 2019**

Size of Household	Federal Poverty Income Guideline	101% to 125%	126% to 150%	150% to 200%
		Federal Poverty Income Guideline	Federal Poverty Income Guideline	Federal Poverty Income Guideline
	<b>Nominal Fee (\$40)</b>	<b>65% Discount</b>	<b>55% Discount</b>	<b>45% Discount</b>
1	\$ 12,140	\$ 16,268	20,274	\$ 24,280
2	\$ 16,460	\$ 22,056	27,488	\$ 32,920
3	\$ 20,780	\$ 27,845	34,703	\$ 41,560
4	\$ 25,100	\$ 33,634	41,917	\$ 50,200
5	\$ 29,420	\$ 39,423	49,131	\$ 58,840
6	\$ 33,740	\$ 45,212	56,346	\$ 67,480
7	\$ 38,060	\$ 51,000	63,560	\$ 76,120
8	\$ 42,380	\$ 56,789	70,775	\$ 84,760
Add each additional family member	\$ 4,320	\$ 5,789	7,214	\$ 8,640

**\*Please Note\***

For family units of more than 8 add \$4,320 for each additional member

MSHC has all applicants that are not on a fixed income reapply every 3 months due to unemployment or 6 months for low income but working. MSHC also requires potentially eligible patients apply for Medicaid prior to giving them community care (MSHC can qualify the patient for one-time-only program).

Any outside lab fees will be at MSHC's fee plus the nominal fee or corresponding discount for the service MSHC provided.