

**Mid-State Health Center
Community Care Guidelines for Dental Services
April 1, 2020 to March 31, 2021**

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
	Nominal Fee (\$40)	65% Discount	55% Discount	45% Discount
1	\$ 12,760	\$ 17,098	21,309	\$ 25,520
2	\$ 17,240	\$ 23,102	28,791	\$ 34,480
3	\$ 21,720	\$ 29,105	36,272	\$ 43,440
4	\$ 26,200	\$ 35,108	43,754	\$ 52,400
5	\$ 30,680	\$ 41,111	51,236	\$ 61,360
6	\$ 35,160	\$ 47,114	58,717	\$ 70,320
7	\$ 39,640	\$ 53,118	66,199	\$ 79,280
8	\$ 44,120	\$ 59,121	73,680	\$ 88,240
Add each additional family member	\$ 4,480	\$ 6,003	7,482	\$ 8,960

Please Note

For family units of more than 8 add \$4,480 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.