

**Mid-State Health Center
Community Care Guidelines for Dental Services
April 1, 2022 to March 31, 2023**

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	\$ 13,590	\$ 18,211	22,695	\$ 27,180
2	\$ 18,310	\$ 24,535	30,578	\$ 36,620
3	\$ 23,030	\$ 30,860	38,460	\$ 46,060
4	\$ 27,750	\$ 37,185	46,343	\$ 55,500
5	\$ 32,470	\$ 43,510	54,225	\$ 64,940
6	\$ 37,190	\$ 49,835	62,107	\$ 74,380
7	\$ 41,910	\$ 56,159	69,990	\$ 83,820
8	\$ 46,630	\$ 62,484	77,872	\$ 93,260
Add each additional family member	\$ 4,720	\$ 6,325	7,882	\$ 9,440

Please Note

For family units of more than 8 add \$4,720 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.