

**Mid-State Health Center
Community Care Guidelines for Dental Services
April 1, 2021 to March 31, 2022**

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	\$ 12,880	\$ 17,259	21,510	\$ 25,760
2	\$ 17,420	\$ 23,343	29,091	\$ 34,840
3	\$ 21,960	\$ 29,426	36,673	\$ 43,920
4	\$ 26,500	\$ 35,510	44,255	\$ 53,000
5	\$ 31,040	\$ 41,594	51,837	\$ 62,080
6	\$ 35,580	\$ 47,677	59,419	\$ 71,160
7	\$ 40,120	\$ 53,761	67,000	\$ 80,240
8	\$ 44,660	\$ 59,844	74,582	\$ 89,320
Add each additional family member	\$ 4,540	\$ 6,084	7,582	\$ 9,080

Please Note

For family units of more than 8 add \$4,540 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.