

**Mid-State Health Center
Community Care Guidelines for Dental Services
April 1, 2019 to March 31, 2020**

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	\$ 12,490	\$ 16,737	20,858	\$ 24,980
2	\$ 16,910	\$ 22,659	28,240	\$ 33,820
3	\$ 21,330	\$ 28,582	35,621	\$ 42,660
4	\$ 25,750	\$ 34,505	43,003	\$ 51,500
5	\$ 30,170	\$ 40,428	50,384	\$ 60,340
6	\$ 34,590	\$ 46,351	57,765	\$ 69,180
7	\$ 39,010	\$ 52,273	65,147	\$ 78,020
8	\$ 43,430	\$ 58,196	72,528	\$ 86,860
Add each additional family member	\$ 4,420	\$ 5,923	7,381	\$ 8,840

Please Note

For family units of more than 8 add \$4,420 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.