

Mid-State Health Center
Community Care Guidelines for Dental Services
April 1, 2023 to March 31, 2024

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	\$ 14,580	\$ 19,537	24,349	\$ 29,160
2	\$ 19,720	\$ 26,425	32,932	\$ 39,440
3	\$ 24,860	\$ 33,312	41,516	\$ 49,720
4	\$ 30,000	\$ 40,200	50,100	\$ 60,000
5	\$ 35,140	\$ 47,088	58,684	\$ 70,280
6	\$ 40,280	\$ 53,975	67,268	\$ 80,560
7	\$ 45,420	\$ 60,863	75,851	\$ 90,840
8	\$ 50,560	\$ 67,750	84,435	\$ 101,120
Add each additional family member	\$ 5,140	\$ 6,888	8,584	\$ 10,280

Please Note

For family units of more than 8 add \$5,140 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.