



MID-STATE
HEALTH CENTER

Mid-State Health Center
Community Care Guidelines for Dental Services - Category I
April 1, 2026 to March 31, 2027

Size of Household	Federal Poverty Income Guideline 100%	Federal Poverty Income Guideline 101% to 125%	Federal Poverty Income Guideline 126% to 150%	Federal Poverty Income Guideline 151% to 200%
	Nominal Fee (\$40)	Higher of \$60 or 65% Discount	Higher of \$80 or 55% Discount	Higher of \$100 or 45% Discount
1	\$ 15,960.00	\$ 19,950.00	\$ 23,940.00	\$ 31,920.00
2	\$ 21,640.00	\$ 27,050.00	\$ 32,460.00	\$ 43,280.00
3	\$ 27,320.00	\$ 34,150.00	\$ 40,980.00	\$ 54,640.00
4	\$ 33,000.00	\$ 41,250.00	\$ 49,500.00	\$ 66,000.00
5	\$ 38,680.00	\$ 48,350.00	\$ 58,020.00	\$ 77,360.00
6	\$ 44,360.00	\$ 55,450.00	\$ 66,540.00	\$ 88,720.00
7	\$ 50,040.00	\$ 62,550.00	\$ 75,060.00	\$ 100,080.00
8	\$ 55,720.00	\$ 69,650.00	\$ 83,580.00	\$ 111,440.00
Add each additional family member	\$ 5,680.00	\$ 7,100.00	\$ 8,520.00	\$ 11,360.00

***Please note* MSHC has all applicants that are not on a fixed income reapply every 6 months due to unemployment or for low income but working. (MSHC can qualify the patient for one-time-only program).**

Interpretation and Language Services: Mid-State will provide an interpreter for our patients as needed at no cost. Language services are available by calling our office at 603-536-4000.

Mid-State proporcionará un intérprete para nuestros pacientes según sea necesario sin costo alguno. Los servicios de idiomas están disponibles llamando a nuestra oficina al 603-536-4000.

Mid-State fournira gratuitement un interprète à nos patients si nécessaire. Les services linguistiques sont disponibles en appelant notre bureau au 603-536-4000.

Mid-State 将根据需要免费为我们的患者提供口译员。如需语言服务，请致电我们的办公室：603-536-4000。



MID-STATE
HEALTH CENTER

Mid-State Health Center
Community Care Guidelines for Dental Services - Category II
April 1, 2026 to March 31, 2027

Size of Household	Federal Poverty Income Guideline 100%	Federal Poverty Income Guideline 101% to 125%	Federal Poverty Income Guideline 126% to 150%	Federal Poverty Income Guideline 151% to 200%
	Nominal Fee (\$80)	Higher of \$100 or 65% Discount	Higher of \$120 or 55% Discount	Higher of \$140 or 45% Discount
1	\$ 15,960.00	\$ 19,950.00	\$ 23,940.00	\$ 31,920.00
2	\$ 21,640.00	\$ 27,050.00	\$ 32,460.00	\$ 43,280.00
3	\$ 27,320.00	\$ 34,150.00	\$ 40,980.00	\$ 54,640.00
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