

**Mid-State Health Center  
Community Care Guidelines for Dental Services  
April 1, 2016 to March 31, 2017**

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
	<b>Nominal Fee</b>	<b>65% Discount</b>	<b>55% Discount</b>	<b>45% Discount</b>
1	\$ 11,880	\$ 15,919	19,840	\$ 23,760
2	\$ 16,020	\$ 21,467	26,753	\$ 32,040
3	\$ 20,160	\$ 27,014	33,667	\$ 40,320
4	\$ 24,300	\$ 32,562	40,581	\$ 48,600
5	\$ 28,440	\$ 38,110	47,495	\$ 56,880
6	\$ 32,580	\$ 43,657	54,409	\$ 65,160
7	\$ 36,730	\$ 49,218	61,339	\$ 73,460
8	\$ 40,890	\$ 54,793	68,286	\$ 81,780
Add each additional family member	\$ 4,160	\$ 5,574	6,947	\$ 8,320

**\*Please Note\***

For family units of more than 8 add \$4,160 for each additional member

MSHC has all applicants that are not on a fixed income reapply every 3-6 months. 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.