

**Mid-State Health Center
Community Care Guidelines for Dental Services
April 1, 2017 to March 31, 2018**

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	65% Discount	55% Discount	45% Discount
1	\$ 12,060	\$ 16,160	20,140	\$ 24,120
2	\$ 16,240	\$ 21,762	27,121	\$ 32,480
3	\$ 20,420	\$ 27,363	34,101	\$ 40,840
4	\$ 24,600	\$ 32,964	41,082	\$ 49,200
5	\$ 28,780	\$ 38,565	48,063	\$ 57,560
6	\$ 32,960	\$ 44,166	55,043	\$ 65,920
7	\$ 37,140	\$ 49,768	62,024	\$ 74,280
8	\$ 41,320	\$ 55,369	69,004	\$ 82,640
Add each additional family member	\$ 4,180	\$ 5,601	6,981	\$ 8,360

Please Note

For family units of more than 8 add \$4,180 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.