

Missouri Highlands Health Care
Sliding Fee Schedule - Dental Only
Effective 02/18/2020

Poverty Level	100% and below		100.1%-133%		133.1%-166%		166.1%-200%	
	Slide A		Slide B		Slide C		Slide D	
Family Size								
1	0	12,760	12,761	16,971	16,972	21,182	21,183	25,520
2	0	17,240	17,241	22,929	22,930	28,618	28,619	34,480
3	0	21,720	21,721	28,888	28,889	36,055	36,056	43,440
4	0	26,200	26,201	34,846	34,847	43,492	43,493	52,400
5	0	30,680	30,681	40,804	40,805	50,929	50,930	61,360
6	0	35,160	35,161	46,763	46,764	58,366	58,367	70,320
7	0	39,640	39,641	52,721	52,722	65,802	65,803	79,280
8	0	44,120	44,121	58,680	58,681	73,239	73,240	88,240

For Households with more than 8 members, add \$4,480 for each additional member.

**Scale is updated annually in accordance with Federal Poverty Guidelines (FPG)*

No discounts are given for those with incomes above 200% FPG