

Missouri Highlands Health Care
 Sliding Fee Schedule - Dental Only
 Effective 2/17/2021

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	12,880	12,881	17,130	17,131	21,381	21,382	25,760
2	0	17,420	17,421	23,169	23,170	28,917	28,918	34,840
3	0	21,960	21,961	29,207	29,208	36,454	36,455	43,920
4	0	26,500	26,501	35,245	35,246	43,990	43,991	53,000
5	0	31,040	31,041	41,283	41,284	51,526	51,527	62,080
6	0	35,580	35,581	47,321	47,322	59,063	59,064	71,160
7	0	40,120	40,121	53,360	53,361	66,599	66,600	80,240
8	0	44,660	44,661	59,398	59,399	74,136	74,137	89,320

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