

**MONROE COUNTY HEALTH CENTER  
2025 DENTAL SLIDING FEE SCALE**

**Gross Annual Income**

<b>PATIENT TYPE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>POVERTY LEVEL</b>	<b>&lt;100%</b>	<b>101 - 150%</b>	<b>151-175%</b>	<b>176-200%</b>	<b>Private Pay</b>
<b>FAMILY SIZE</b>					
1	15,650	15,651-23,475	23,476-27,388	27,389-31,300	31,301+
2	21,150	21,151-31,725	31,726-37,013	37,014-42,300	42,301+
3	26,650	26,651-39,975	39,976-46,638	46,639-53,300	53,301+
4	32,150	32,151-48,225	48,226-56,263	56,264-64,300	64,301+
5	37,650	37,651-56,475	56,476-65,888	65,889-75,300	75,301+
6	43,150	43,151-64,725	64,726-75,513	75,514-86,300	86,301+
7	48,650	48,651-72,975	72,976-85,138	85,139-97,300	97,301+
8	54,150	54,151-81,225	81,226-94,763	94,764-108,300	108,300+
<b>Discount</b>	<b>Nominal</b>	<b>See Below</b>	<b>See Below</b>	<b>See Below</b>	<b>N/A</b>

**NOTE: FOR EACH ADDITIONAL FAMILY MEMBER, ADD: \$5,500**

**SLIDE A:** Nominal fees: Preventive-\$20, Restorative-\$30, Major-\$50 (plus outside lab fees)

**SLIDE B:** Copay: Preventive-\$30, Restorative-\$40, Major-\$60 (plus outside lab fees)

**SLIDE C:** Copay: Preventive-\$40, Restorative-\$50, Major-\$70 (plus outside lab fees)

**SLIDE D:** Copay: Preventive-\$50, Restorative-\$60, Major-\$80 (plus outside lab fees)

**PATIENTS IN COLUMN E (INCOME ABOVE 200% OF POVERTY) ARE NOT ELIGIBLE FOR DISCOUNTS**

Preventive Services (includes cleaning, annual exam, bite wings, sealants and fluoride)

Restorative Services (includes basic fillings/extractions)

Major Procedures (root canals, crowns, bridges, dentures)\*

\*(Patient is responsible for 100% of dental lab fees from outside dental lab)

**FEDERAL POVERTY INCOME GUIDELINES**

**Effective 01/17/25 rks**