

**MONROE COUNTY HEALTH CENTER
2026 DENTAL SLIDING FEE SCALE**

Gross Annual Income

PATIENT TYPE	A	B	C	D	E
POVERTY LEVEL	<100%	101 - 150%	151-175%	176-200%	Private Pay
FAMILY SIZE					
1	15,960	15,961-23,940	23,941-27,930	27,931-31,920	31,921+
2	21,640	21,641-32,460	32,461-37,870	37,871-43,280	43,281+
3	27,320	27,321-40,980	40,981-47,810	47,811-54,640	54,641+
4	33,000	33,001-49,500	49,501-57,750	57,751-66,000	66,001+
5	38,680	38,681-58,020	58,021-67,690	67,691-77,360	77,361+
6	44,360	44,361-66,540	66,541-77,630	77,631-88,720	88,721+
7	50,040	50,041-75,060	75,061-87,570	87,571-100,080	100,081+
8	55,720	55,721-83,580	83,581-97,510	97,511-111,440	111,441+
Discount	Nominal	See Below	See Below	See Below	N/A

NOTE: FOR EACH ADDITIONAL FAMILY MEMBER, ADD: \$5,680

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 01/28/26 rks