

## 2018 MyDental Plan Income Guidelines for Sliding Fee Scale and Poverty Level Determination

Poverty Level *	<100%	101%-150%	151%-200%	201%+
Family Size	MyDental Plan Bronze	MyDental Plan Silver (65% Discount)	MyDental Plan Gold (30% Discount)	MyDental Plan Platinum
1	12,140	18,210	24,280	24,281
2	16,460	24,690	32,920	32,921
3	20,780	31,170	41,560	41,561
4	25,100	37,650	50,200	50,201
5	29,420	44,130	58,840	58,841
6	33,740	50,610	67,480	67,481
7	38,060	57,090	76,120	76,121
8	42,380	63,570	84,760	84,761
For each additional person add	4,320	6,480	8,640	8,641
Income Verification:	Required	Required	Required	
Per Visit Nominal Fee:	\$ 25			

\* Based on 2018 HHS Poverty Guidelines <https://aspe.hhs.gov/poverty-guidelines>