



**Mississippi Division of Medicaid**  
**Post-Eligibility Treatment of Income Deductions by Institutionalized Individuals**  
**Effective Date: 07/01/2024 – 06/30/2025**



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1. Eyeglasses, not otherwise covered by the Medicaid State Plan, not to exceed a total of \$215.14 per occurrence for lenses, frames, and dispensing fee.
  2. Dentures – a one-time expense not to exceed \$678.44 per plate or \$1,356.88 for one full pair of new dentures.
  3. Denture repair – not to exceed \$270.00 per occurrence.
  4. Hearing aids – a one-time expense not to exceed \$1,777.40 for one or \$3,377.40 for both.