

Heart of Ohio Family Health Centers

2021 SLIDING FEE SCALE

Effective :	2/1/2021	2021 SLIDING FEE SCALE											
# Persons in Household	Household Income	From	Annual Income Not to Exceed										100% Full Pay
			< 100% of FPL		101%-125% of FPL		126%-150% of FPL		151%-175% of FPL		176%-200% of FPL		Above 200%
1	Annual	0 -	12,880	12,881 - 16,101	16,102 - 19,320	19,321 - 22,540	22,541 - 25,760	25,761					
2	Annual	0 -	17,420	17,421 - 21,776	21,777 - 26,130	26,131 - 30,485	30,486 - 34,840	34,841					
3	Annual	0 -	21,960	21,961 - 27,451	27,452 - 32,940	32,941 - 38,430	38,431 - 43,920	43,921					
4	Annual	0 -	26,500	26,501 - 33,126	33,127 - 39,750	39,751 - 46,375	46,376 - 53,000	53,001					
5	Annual	0 -	31,040	31,041 - 38,801	38,802 - 46,560	46,561 - 54,320	54,321 - 62,080	62,081					
6	Annual	0 -	35,580	35,581 - 44,476	44,477 - 53,370	53,371 - 62,265	62,266 - 71,160	71,161					
7	Annual	0 -	40,120	40,121 - 50,151	50,152 - 60,180	60,181 - 70,210	70,211 - 80,240	80,241					
8	Annual	0 -	44,660	44,661 - 55,826	55,827 - 66,990	66,991 - 78,155	78,156 - 89,320	89,321					
9	Annual	0 -	49,100	49,101 - 61,376	61,377 - 73,650	73,651 - 85,925	85,926 - 98,200	98,201					
10	Annual	0 -	53,640	53,641 - 67,051	67,052 - 80,460	80,461 - 93,870	93,871 - 107,280	107,281					
11	Annual	0 -	58,180	58,181 - 72,726	72,727 - 87,270	87,271 - 101,815	101,816 - 116,360	116,361					
12	Annual	0 -	62,720	62,721 - 78,401	78,402 - 94,080	94,081 - 109,760	109,761 - 125,440	125,441					

For each additional household member add \$4,480 to annual income.

2021 HHS Poverty Guidelines Effective January 13, 2021 - <https://aspe.hhs.gov/poverty-guidelines>

	Nominal Fees	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate	100% of charge
Office Visit/Telehealth/Ultrasound	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 70.00
Counseling Visit	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
Dietitian/Pharmacist	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Smoking Cessation/Care Coordination	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Additional Fees

All VFC Vaccines (admin fee)	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	100% of charge
Private Flu Vaccine	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	100% of charge
Private T-Dap (D-Tap)	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	100% of charge
Depo-Prevera	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	100% of charge
Vivitrol	\$ 313.45	\$ 370.44	\$ 427.43	\$ 484.42	\$ 541.41	\$ 598.40	\$ 569.91	100% of charge

LARC's w/Discounted

Liletta	\$ 55.00	\$ 65.00	\$ 75.00	\$ 85.00	\$ 100.00	\$ 115.00	\$ 130.00	100% of charge
Paragard	\$ 134.75	\$ 159.25	\$ 183.75	\$ 208.25	\$ 245.00	\$ 281.75	\$ 318.25	100% of charge
Mirena	\$ 185.35	\$ 219.05	\$ 252.75	\$ 286.45	\$ 337.00	\$ 370.70	\$ 404.40	100% of charge
Nexplanon	\$ 219.45	\$ 259.35	\$ 299.25	\$ 339.15	\$ 399.00	\$ 458.85	\$ 518.70	100% of charge
Skyla	\$ 274.45	\$ 324.35	\$ 374.25	\$ 424.15	\$ 499.00	\$ 573.85	\$ 648.70	100% of charge
Kyleena	\$ 324.50	\$ 383.50	\$ 442.50	\$ 501.50	\$ 590.00	\$ 678.50	\$ 766.00	100% of charge
Insertion Fee Only	\$ 25.00	\$ 40.00	\$ 55.00	\$ 70.00	\$ 85.00	\$ 100.00	\$ 151.50	
IUD Removal Only	\$ 25.00	\$ 40.00	\$ 55.00	\$ 70.00	\$ 85.00	\$ 100.00	\$ 191.50	


Board Chair Signature & Date

 2/1/2021
CEO Signature & Date