

Heart of Ohio Family Health Centers

2022 SLIDING FEE SCALE													
Effective :	2/1/2022												
# 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 -	13590	13,591	- 16,989	16,990	- 20,385	20,386	- 23,783	23,784	- 27,180	27,181	
2	Annual	0 -	18310	18,311	- 22,889	22,890	- 27,465	27,466	- 32,043	32,044	- 36,620	36,621	
3	Annual	0 -	23030	23,031	- 28,789	28,790	- 34,545	34,546	- 40,303	40,304	- 46,060	46,061	
4	Annual	0 -	27750	27,751	- 34,689	34,690	- 41,625	41,626	- 48,563	48,564	- 55,500	55,501	
5	Annual	0 -	32470	32,471	- 40,589	40,590	- 48,705	48,706	- 56,823	56,824	- 64,940	64,941	
6	Annual	0 -	37190	37,191	- 46,489	46,490	- 55,785	55,786	- 65,083	65,084	- 74,380	74,381	
7	Annual	0 -	41910	41,911	- 52,389	52,390	- 62,865	62,866	- 73,343	73,344	- 83,820	83,821	
8	Annual	0 -	46630	46,631	- 58,289	58,290	- 69,945	69,946	- 81,603	81,604	- 93,260	93,261	
9	Annual	0 -	51350	51,351	- 64,189	64,190	- 77,025	77,026	- 89,863	89,864	- 102,700	102,701	
10	Annual	0 -	56070	56,071	- 70,089	70,090	- 84,105	84,106	- 98,123	98,124	- 112,140	112,141	
11	Annual	0 -	60790	60,791	- 75,989	75,990	- 91,185	91,186	- 106,383	106,384	- 121,580	121,581	
12	Annual	0 -	65510	65,511	- 81,889	81,890	- 98,265	98,266	- 114,643	114,644	- 131,020	131,021	
For each additional household member add \$4,480 to annual income.													
<small>2022 HHS Poverty Guidelines Effective January 12, 2022 - https://aspe.hhs.gov/poverty-guidelines</small>													

	Nominal Fees	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate
Office Visit/Telehealth/Ultrasound	\$ 20.00	\$ 25.00	\$ 30.00	\$ 55.00	\$ 70.00
Counseling Visit	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00
Dietitian/Pharmacist	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
Smoking Cessation/Care Coordination	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00

Additional Fees


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

LARC's w/Discounted

Liletta	\$ 55.00	\$ 65.00	\$ 75.00	\$ 85.00	\$ 100.00
Paragard	\$ 143.00	\$ 169.00	\$ 195.00	\$ 221.00	\$ 260.00
Mirena	\$ 181.50	\$ 214.50	\$ 247.50	\$ 280.50	\$ 330.00
Nexplanon	\$ 219.45	\$ 259.35	\$ 299.25	\$ 339.15	\$ 399.00
Skylla	\$ 274.45	\$ 324.35	\$ 374.25	\$ 424.15	\$ 499.00
Kyleena	\$ 338.25	\$ 399.75	\$ 461.25	\$ 522.75	\$ 615.00
Insertion Fee Only	\$ 25.00	\$ 40.00	\$ 55.00	\$ 70.00	\$ 85.00
IUD Removal Only	\$ 25.00	\$ 40.00	\$ 55.00	\$ 70.00	\$ 85.00



 Board Chair Signature & Date

 1/26/2022

 CEO Signature & Date