



HEART OF OHIO FAMILY HEALTH

2023 SLIDING FEE SCALE

Effective Date:		2023 SLIDING FEE SCALE													
# In Household	Household Income	From	Annual Income Not to Exceed												100% Full Pay Above 200%
			< 100% of FPL		101%-125% of FPL		126%-150% of FPL		151%-175% of FPL		176%-200% of FPL				
1	Annual	0 -	\$14,580	\$14,581	\$18,225	\$18,226	\$21,870	\$21,871	\$25,515	\$25,516	\$29,160	\$29,161	\$29,161		
2	Annual	0 -	\$19,720	\$19,721	\$24,650	\$24,651	\$29,580	\$29,581	\$34,510	\$34,511	\$39,440	\$39,441	\$39,441		
3	Annual	0 -	\$24,860	\$24,861	\$31,075	\$31,076	\$37,290	\$37,291	\$43,505	\$43,506	\$49,720	\$49,721	\$49,721		
4	Annual	0 -	\$30,000	\$30,001	\$37,500	\$37,501	\$45,000	\$45,001	\$52,500	\$52,501	\$60,000	\$60,001	\$60,001		
5	Annual	0 -	\$35,140	\$35,141	\$43,925	\$43,926	\$52,710	\$52,711	\$61,495	\$61,496	\$70,280	\$70,281	\$70,281		
6	Annual	0 -	\$40,280	\$40,281	\$50,350	\$50,351	\$60,420	\$60,421	\$70,490	\$70,491	\$80,560	\$80,561	\$80,561		
7	Annual	0 -	\$45,420	\$45,421	\$56,775	\$56,776	\$68,130	\$68,131	\$79,485	\$79,486	\$90,840	\$90,841	\$90,841		
8	Annual	0 -	\$50,560	\$50,561	\$63,200	\$63,201	\$75,840	\$75,841	\$88,480	\$88,481	\$101,120	\$101,121	\$101,121		
9	Annual	0 -	\$55,700	\$55,701	\$69,625	\$69,626	\$83,550	\$83,551	\$97,475	\$97,476	\$111,400	\$111,401	\$111,401		
10	Annual	0 -	\$60,840	\$60,841	\$76,050	\$76,051	\$91,260	\$91,261	\$106,470	\$106,471	\$121,680	\$121,681	\$121,681		
11	Annual	0 -	\$65,980	\$65,981	\$82,475	\$82,476	\$98,970	\$98,971	\$115,465	\$115,466	\$131,960	\$131,961	\$131,961		
12	Annual	0 -	\$71,120	\$71,121	\$88,900	\$88,901	\$106,680	\$106,681	\$124,460	\$124,461	\$142,240	\$142,241	\$142,241		

For each additional household member add \$5,140 to the annual income.

2023 HHS Poverty Guidelines Effective January 16, 2023 - <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

	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	100% of charge
Counseling Visit	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	100% of charge
Dietitian/Pharmacist	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	100% of charge
Smoking Cessation/Care Coordination	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	100% of charge

Additional Fees

All VFC Vaccines (admin fee)	\$ 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	100% of charge
Private T-Dap (D-Tap)	\$ 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	100% of charge
Vivitrol	\$ 313.45	\$ 370.44	\$ 427.43	\$ 484.42	\$ 569.91	100% of charge
LEEP	\$ 120.00	\$ 132.00	\$ 156.00	\$ 180.00	\$ 204.00	100% of Charge 240.00

LARC's w/Discounted

Liletta	\$100.00	\$ 125.00	\$ 130.00	\$ 155.00	\$ 170.00	\$180.00
Paragard	\$296.00	\$ 321.00	\$ 326.00	\$ 351.00	\$ 366.00	\$376.00
Mirena	\$249.00	\$ 274.00	\$ 279.00	\$ 304.00	\$ 319.00	\$329.00
Nexplanon	\$420.00	\$ 445.00	\$ 450.00	\$ 475.00	\$ 490.00	\$500.00
Skyla	\$529.00	\$ 554.00	\$ 559.00	\$ 584.00	\$ 599.00	\$609.00
Kyleena	\$635.00	\$ 660.00	\$ 665.00	\$ 690.00	\$ 705.00	\$715.00
Insertion Fee Only	\$ 25.00	\$ 40.00	\$ 55.00	\$ 70.00	\$ 85.00	\$ 151.50
IUD Removal Only	\$ 25.00	\$ 40.00	\$ 55.00	\$ 70.00	\$ 85.00	\$ 191.50

Board Approved: January 25, 2023