

**Exhibit A**  
**FY 2016-17 Public Health Fee Study**  
**Current and Proposed Fees for Adults and Children**

| Service Type                                                     | Current Fees              |                                     |                                         |                            |                                | Proposed Fees             |                                     |                                         |                            |                                |
|------------------------------------------------------------------|---------------------------|-------------------------------------|-----------------------------------------|----------------------------|--------------------------------|---------------------------|-------------------------------------|-----------------------------------------|----------------------------|--------------------------------|
|                                                                  | Vaccine Cost <sup>1</sup> | Administration (pmt day of service) | Administration (if billed) <sup>2</sup> | Total (pmt day of service) | Total (if billed) <sup>2</sup> | Vaccine Cost <sup>1</sup> | Administration (pmt day of service) | Administration (if billed) <sup>2</sup> | Total (pmt day of service) | Total (if billed) <sup>2</sup> |
| <b>IMMUNIZATIONS<sup>3</sup></b>                                 |                           |                                     |                                         |                            |                                |                           |                                     |                                         |                            |                                |
| VFC/317/State Vaccines*                                          | -                         | \$10                                | \$20                                    | \$10                       | \$20                           |                           |                                     |                                         |                            |                                |
| Chicken Pox (Varicella)                                          | \$95                      | \$10                                | \$20                                    | \$105                      | \$115                          |                           |                                     |                                         |                            |                                |
| DTaP (Daptacel)                                                  | \$25                      | \$10                                | \$20                                    | \$35                       | \$45                           |                           |                                     |                                         |                            |                                |
| Flu (Influenza) - Adult <sup>5</sup>                             | -                         | \$15                                | \$25                                    | \$15                       | \$25                           |                           |                                     |                                         |                            |                                |
| Flu (Influenza) - Pediatric <sup>5</sup>                         | -                         | \$10                                | \$20                                    | \$10                       | \$20                           |                           |                                     |                                         |                            |                                |
| Hepatitis A - Adult                                              | \$45                      | \$10                                | \$20                                    | \$55                       | \$65                           |                           |                                     |                                         |                            |                                |
| Hepatitis A - Pediatric                                          | \$15                      | \$10                                | \$20                                    | \$25                       | \$35                           |                           |                                     |                                         |                            |                                |
| Hepatitis B - Adult                                              | \$25                      | \$10                                | \$20                                    | \$35                       | \$45                           |                           |                                     |                                         |                            |                                |
| Hepatitis B - Pediatric/Adolescent                               | \$10                      | \$10                                | \$20                                    | \$20                       | \$30                           |                           |                                     |                                         |                            |                                |
| Hib                                                              | \$25                      | \$10                                | \$20                                    | \$35                       | \$45                           |                           |                                     |                                         |                            |                                |
| HPV (Gardasil)                                                   | \$140                     | \$10                                | \$20                                    | \$150                      | \$160                          |                           |                                     |                                         |                            |                                |
| Immunoglobulin (ISG) 2 ml vial**                                 | \$60                      | \$10                                | \$20                                    | \$70                       | \$80                           |                           |                                     |                                         |                            |                                |
| Kinrix (DTaP & Polio)                                            | \$35                      | \$10                                | \$20                                    | \$45                       | \$55                           |                           |                                     |                                         |                            |                                |
| Menactra (Meningitis)                                            | \$115                     | \$10                                | \$20                                    | \$125                      | \$135                          |                           |                                     |                                         |                            |                                |
| Menomune (Meningitis)                                            | \$115                     | \$10                                | \$20                                    | \$125                      | \$135                          |                           |                                     |                                         |                            |                                |
| MMR (measles, mumps, rubella)                                    | \$55                      | \$10                                | \$20                                    | \$65                       | \$75                           |                           |                                     |                                         |                            |                                |
| Pediarix (DTaP/HSV/IPV)                                          | \$50                      | \$10                                | \$20                                    | \$60                       | \$70                           |                           |                                     |                                         |                            |                                |
| Pentacel (DTaP/IPV/Hib)                                          | \$80                      | \$10                                | \$20                                    | \$90                       | \$100                          |                           |                                     |                                         |                            |                                |
| Pneumonia (pneumovax)                                            | \$70                      | \$10                                | \$20                                    | \$80                       | \$90                           |                           |                                     |                                         |                            |                                |
| Pneumococcal Conjugate (Prevnar)                                 | \$135                     | \$10                                | \$20                                    | \$145                      | \$155                          |                           |                                     |                                         |                            |                                |
| Polio (IPV)                                                      | \$30                      | \$10                                | \$20                                    | \$40                       | \$50                           |                           |                                     |                                         |                            |                                |
| Rotavirus (Rotarix)                                              | \$95                      | \$10                                | \$20                                    | \$105                      | \$115                          |                           |                                     |                                         |                            |                                |
| Tetanus/Diphtheria (Td)                                          | \$20                      | \$10                                | \$20                                    | \$30                       | \$40                           |                           |                                     |                                         |                            |                                |
| Tdap                                                             | \$30                      | \$10                                | \$20                                    | \$40                       | \$50                           |                           |                                     |                                         |                            |                                |
| Zostavax (Shingles) <sup>4</sup>                                 | \$165                     | \$10                                | \$20                                    | \$175                      | \$185                          |                           |                                     |                                         |                            |                                |
| <b>DIAGNOSTIC TESTING</b>                                        |                           |                                     |                                         |                            |                                |                           |                                     |                                         |                            |                                |
| TB Test Assessment                                               | \$1.50                    | \$23.50                             | -                                       | \$25                       | -                              |                           | \$25                                | -                                       | \$25                       | -                              |
| Two-Step TB Test <sup>1</sup>                                    | -                         | -                                   | -                                       | -                          | -                              | \$3                       | \$37                                | -                                       | \$40                       | -                              |
| <b>EXAMS<sup>3</sup></b>                                         |                           |                                     |                                         |                            |                                |                           |                                     |                                         |                            |                                |
| Initial Active TB Exam                                           | \$205                     | -                                   | \$10                                    | \$205                      | \$215                          |                           |                                     |                                         |                            |                                |
| Initial Latent TB Exam                                           | \$145                     | -                                   | \$10                                    | \$145                      | \$155                          |                           |                                     |                                         |                            |                                |
| Follow-Up Active Exam                                            | \$105                     | -                                   | \$10                                    | \$105                      | \$115                          |                           |                                     |                                         |                            |                                |
| Follow-Up Latent Exam                                            | \$70                      | -                                   | \$10                                    | \$70                       | \$80                           |                           |                                     |                                         |                            |                                |
| Active Meds (Cost per Dose)**                                    | \$9.11                    | -                                   | -                                       | \$9.11                     | -                              |                           |                                     |                                         |                            |                                |
| Latent Meds (Cost per Dose)**                                    | \$0.09                    | -                                   | -                                       | \$0.09                     | -                              |                           |                                     |                                         |                            |                                |
| <b>NON-DIAGNOSTIC GENERAL HEALTH HEALTH ASSESSMENT SCREENING</b> |                           |                                     |                                         |                            |                                |                           |                                     |                                         |                            |                                |
| Single Event                                                     | -                         | -                                   | -                                       | -                          | -                              | -                         | \$65                                | -                                       | \$65                       | -                              |
| Multiple Events                                                  | -                         | -                                   | -                                       | -                          | -                              | -                         | \$95                                | -                                       | \$95                       | -                              |
| <b>MEDICAL MARIJUANA ID CARD</b>                                 | -                         | \$170                               | -                                       | \$170                      | -                              | -                         | -                                   | -                                       | -                          | -                              |

\*If VFC/317/State Eligible, individual will only be responsible for the \$10.00/\$20.00 administration fee. VFC Vaccine will still be provided if client is unable to pay administration fee (per VFC regulations).

\*\* Dosage depends on weight of individual.

- = Not Applicable

<sup>1</sup>Vaccine, TB Diagnostic Testing Solution, and TB Meds prices reflect current charges to the County by the manufacturer/distributor and will be adjusted as these costs increase or decrease. The prices are determined using the accounting procedure LIFO (last in, first out). There is an administration fee charge per injection.

<sup>2</sup> Billing charge is higher due to additional administrative cost of billing client, public or private insurance company, or county department (vouchers).

<sup>3</sup> Clients who do not have insurance may qualify for a discounted fee for immunizations and TB Exams based on a sliding scale that has been established using the current year's U.S. Federal Government Poverty Guidelines.

<sup>4</sup> Zostavax Vaccine not eligible for sliding fee scale rate

<sup>5</sup> Public Health Officer may waive fees for flu shots.

Changes are noted in red

**Exhibit B**  
**Public Health Sliding Fee Scale**

**% Pay by Scale**

| Poverty Level (as per annual US Federal Poverty Guidelines) | 133%   | 175% | 200% | 250% | 251% & Above |
|-------------------------------------------------------------|--------|------|------|------|--------------|
| Percent of Public Health Fee Patient Pays                   | No Fee | 25%  | 50%  | 75%  | 100%         |