

**Wheeling-Ohio County Health Department  
2010 Immunization Sliding Fee Schedule**

| <b>Yearly Guidelines</b>                   |             |             |             |             |             |             |             |             |             |                                     |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------------------------------|
| <b>Family Size</b>                         | <b>100%</b> | <b>120%</b> | <b>133%</b> | <b>135%</b> | <b>150%</b> | <b>175%</b> | <b>185%</b> | <b>200%</b> | <b>250%</b> | <b>Private Patient Non Eligible</b> |
| <b>1</b>                                   | 10,830.00   | 12,996.00   | 14,403.90   | 14,620.50   | 16,245.00   | 18,952.50   | 20,035.50   | 21,660.00   | 27,075.00   | 27,076.00+                          |
| <b>2</b>                                   | 14,570.00   | 17,484.00   | 19,378.10   | 19,669.50   | 21,855.00   | 25,497.50   | 26,954.50   | 29,140.00   | 36,425.00   | 36,426.00+                          |
| <b>3</b>                                   | 18,310.00   | 21,972.00   | 24,352.30   | 24,718.50   | 27,465.00   | 32,042.50   | 33,873.50   | 36,620.00   | 45,775.00   | 45,776.00+                          |
| <b>4</b>                                   | 22,050.00   | 26,460.00   | 26,326.50   | 29,767.50   | 33,075.00   | 38,587.50   | 40,792.50   | 44,100.00   | 55,125.00   | 55,126.00+                          |
| <b>5</b>                                   | 25,790.00   | 30,948.00   | 34,300.70   | 34,816.50   | 38,685.00   | 45,132.50   | 47,711.50   | 51,580.00   | 64,475.00   | 64,476.00+                          |
| <b>6</b>                                   | 29,530.00   | 35,436.00   | 39,274.90   | 39,865.50   | 44,295.00   | 51,677.50   | 54,630.50   | 59,060.00   | 73,825.00   | 73,826.00+                          |
| <b>7</b>                                   | 33,270.00   | 39,924.00   | 44,249.10   | 44,914.50   | 49,905.00   | 58,222.50   | 61,549.50   | 66,540.00   | 83,175.00   | 83,176.00+                          |
| <b>8</b>                                   | 37,010.00   | 44,412.00   | 49,223.30   | 49,963.50   | 55,515.00   | 64,767.50   | 68,468.50   | 74,020.00   | 92,525.00   | 92,526.00+                          |
| <b>Monthly Guidelines</b>                  |             |             |             |             |             |             |             |             |             |                                     |
| <b>Family Size</b>                         | <b>100%</b> | <b>120%</b> | <b>133%</b> | <b>135%</b> | <b>150%</b> | <b>175%</b> | <b>185%</b> | <b>200%</b> | <b>250%</b> | <b>Private Patient Non Eligible</b> |
| <b>1</b>                                   | 902.50      | 1,083.00    | 1,200.33    | 1,218.38    | 1,353.75    | 1,579.38    | 1,669.63    | 1,805.00    | 2,256.25    | 2,256.26+                           |
| <b>2</b>                                   | 1,214.17    | 1,457.00    | 1,614.84    | 1,639.13    | 1,821.25    | 2,124.79    | 2,246.21    | 2,428.33    | 3,035.42    | 3,035.43+                           |
| <b>3</b>                                   | 1,525.83    | 1,831.00    | 2,029.36    | 2,059.88    | 2,288.75    | 2,670.21    | 2,822.79    | 3,051.67    | 3,814.58    | 3,814.59+                           |
| <b>4</b>                                   | 1,837.50    | 2,205.00    | 2,443.88    | 2,480.63    | 2,756.25    | 3,215.63    | 3,399.38    | 3,675.00    | 4,593.75    | 4,593.76+                           |
| <b>5</b>                                   | 2,149.17    | 2,579.00    | 2,858.39    | 2,901.38    | 3,223.75    | 3,761.04    | 3,975.96    | 4,298.33    | 5,372.92    | 5,372.93+                           |
| <b>6</b>                                   | 2,460.83    | 2,953.00    | 3,272.91    | 3,322.13    | 3,691.25    | 4,306.46    | 4,552.54    | 4,921.67    | 6,152.08    | 6,152.09+                           |
| <b>7</b>                                   | 2,772.50    | 3,327.00    | 3,687.43    | 3,742.88    | 4,158.75    | 4,851.88    | 5,129.13    | 5,545.00    | 6,931.25    | 6,931.26+                           |
| <b>8</b>                                   | 3,084.17    | 3,701.00    | 4,101.94    | 4,163.63    | 4,626.25    | 5,397.29    | 5,705.71    | 6,168.33    | 7,710.42    | 7,710.43+                           |
| <b>Patient Encounter Fee</b>               |             |             |             |             |             |             |             |             |             |                                     |
| <b>Non-Medicaid, VFC eligible Children</b> | \$0.00      |             | \$3.00      |             | \$6.00      |             | \$9.00      |             | \$12.00     | \$14.00<br>(max. WV fee cap)        |
| <b>Adults</b>                              | \$0.00      |             | \$3.00      |             | \$6.00      |             | \$9.00      |             | \$12.00     | \$15.00                             |

*For each additional family member add \$3,740 annual or \$312 per month*

*Vaccines for Children (VFC): To qualify, your child must not have yet reached their 19th birthday AND be uninsured (not have insurance coverage) OR be underinsured (not have immunization coverage on your plan) OR be American Indian or a Native Alaskan. Each child under the age of 19 will be screened for VFC eligibility. If your child qualifies, they will receive vaccine at no cost. There will be an administration fee. Schedule does not apply to yearly flu vaccinations.*

**Source: Federal Register  
Effective July 2010**