DESCRIPTION	FULL FEE	FEE	100%	83%	67%	50%	33%	17%	0%	
	PUBLIC HEAL	TH MEI	DICINE							
ALL OFFICE VISITS	\$164.06	YES	\$164.06	\$136.17	\$109.92	\$82.03	\$54.14	\$27.89	\$0.00	
DRAWING/CLINICAL SAMPLE FEE (WITH OR WITHOUT VISIT OR CONSULT)	\$4.00	YES	\$4.00	\$3.32	\$2.68	\$2.00	\$1.32	\$0.68	\$0.00	
SOCIAL SERVICES EDUCATION AND COUNSELING	\$55.00	NO								
COMMUNICABLE DISEASE										
H I V COUNSELING/TESTING PLUS LABS AND/OR HIV RAPID HEP C	\$40.00	NO								
HEPATITIS - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT**	\$0.00	NO								
HIV - CONTACT INTERVIEW- DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO								
HIV EDUCATION	\$125.00	NO								
LTBI SERVICE	\$15.00	NO								
STD - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO								
STD SCREENING (LABS ONLY)**	\$55.00	NO								
TB - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO								
TB ASSESSMENT AND TARGETED TESTING UNDER PROTOCAL	\$164.06	YES	\$164.06	\$136.17	\$109.92	\$82.03	\$54.14	\$27.89	\$0.00	
TB SCREENING AND SKIN TEST**	\$25.00	YES	\$25.00	\$20.75	\$16.75	\$12.50	\$8.25	\$4.25	\$0.00	
TB SKIN TEST OR LAB TESTING (EMPLOYMENT/SCHOOL)**	\$25.00	NO								
TB SYMPTOM ASSESSMENT**	\$25.00	NO								

<sup>\*</sup> Indicates that service/product may be unavailable/limited

<sup>\*\*</sup> Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.

DESCRIPTION	FULL FEE	FEE	100%	83%	67%	50%	33%	17%	0%
	<u>L</u> A	<u> </u>							
IH GLUCOSE PLASMA	\$2.43	YES	\$2.43	\$2.02	\$1.63	\$1.22	\$0.80	\$0.41	\$0.00
IH HCG URINE PREGNANCY TEST	\$15.00	YES	\$15.00	\$12.45	\$10.05	\$7.50	\$4.95	\$2.55	\$0.00
IH HCG URINE PREGNANCY TEST- (IF NOT PART OF AN EXAM)	\$15.00	YES	\$15.00	\$12.45	\$10.05	\$7.50	\$4.95	\$2.55	\$0.00
IH HEMOGLOBIN	\$7.99	YES	\$7.99	\$6.63	\$5.35	\$4.00	\$2.64	\$1.36	\$0.00
IH HEPATITIS C RAPID TEST	\$19.59	YES	\$19.59	\$16.26	\$13.13	\$9.80	\$6.46	\$3.33	\$0.00
IH HIV SCREENING RAPID TEST	\$8.56	YES	\$8.56	\$7.10	\$5.74	\$4.28	\$2.82	\$1.46	\$0.00
IH SYPHILIS RAPID TEST	\$11.42	YES	\$11.42	\$9.48	\$7.65	\$5.71	\$3.77	\$1.94	\$0.00
IH URINE DIPSTICK	\$0.61	YES	\$0.61	\$0.51	\$0.41	\$0.31	\$0.20	\$0.10	\$0.00
LAB AMPLIFIED GC/GT **	\$10.64	YES	\$10.64	\$8.83	\$7.13	\$5.32	\$3.51	\$1.81	\$0.00
LAB CHRONIC HEPATITIS SCREEN 0380	\$0.00	YES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LAB MGEN 0460	\$17.00	YES	\$17.00	\$14.11	\$11.39	\$8.50	\$5.61	\$2.89	\$0.00
LAB RPR W CONFIRM IF RPR REACTIVE 0250	\$2.68	YES	\$2.68	\$2.22	\$1.80	\$1.34	\$0.88	\$0.46	\$0.00
LAB TRICH 0450	\$11.00	YES	\$11.00	\$9.13	\$7.37	\$5.50	\$3.63	\$1.87	\$0.00
QD BASIC METABOLIC PANEL 10165	\$1.21	YES	\$1.21	\$1.00	\$0.81	\$0.61	\$0.40	\$0.21	\$0.00
QD CBC WITH DIFFERENTIAL/PLATELET 6399	\$1.10	YES	\$1.10	\$0.91	\$0.74	\$0.55	\$0.36	\$0.19	\$0.00
QD CHLAMYDIA TRACHOMATIS RNA,TMA 11361	\$6.00	YES	\$6.00	\$4.98	\$4.02	\$3.00	\$1.98	\$1.02	\$0.00
QD CHLAMYDIA/NEISSERIA GONORRHOEAE RNA, TMA, UROGENITAL 11363	\$12.00	YES	\$12.00	\$9.96	\$8.04	\$6.00	\$3.96	\$2.04	\$0.00
QD CHLAMYDIA-N GONORRHOEAE RNA, TMA, RECTAL 16506	\$12.00	YES	\$12.00	\$9.96	\$8.04	\$6.00	\$3.96	\$2.04	\$0.00
QD CHLAMYDIA-N GONORRHOEAE RNA, TMA, THROAT 70051	\$12.00	YES	\$12.00	\$9.96	\$8.04	\$6.00	\$3.96	\$2.04	\$0.00
QD COMPREHENSIVE METABOLIC PANEL 10231	\$1.51	YES	\$1.51	\$1.25	\$1.01	\$0.76	\$0.50	\$0.26	\$0.00
QD DRUG MONITORING, PANEL 7 WITH CONFIRMATION, URINE 39429	\$250.67	YES	\$250.67	\$208.06	\$167.95	\$125.34	\$82.72	\$42.61	\$0.00
QD HCG WITH GESTIONAL TABLE 19485	\$45.00	YES	\$45.00	\$37.35	\$30.15	\$22.50	\$14.85	\$7.65	\$0.00
QD HCG, BETA-SUBUNIT, QNT, SERUM	\$4.50	YES	\$4.50	\$3.74	\$3.02	\$2.25	\$1.49	\$0.77	\$0.00
QD HCG, TOTAL, QUANTITATIVE 8396	\$4.50	YES	\$4.50	\$3.74	\$3.02	\$2.25	\$1.49	\$0.77	\$0.00

<sup>\*</sup> Indicates that service/product may be unavailable/limited

<sup>\*\*</sup> Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.

SLIDING FEE DESCRIPTION FULL FEE 100% 83% 67% 50% 33% 17% 0% QD HEMOGLOBIN A1C 496 \$2.00 YES \$2.00 \$1.66 \$1.34 \$1.00 \$0.66 \$0.34 \$0.00 QD HEPATIC FUNCTION PANEL 10256 YES \$1.16 \$0.96 \$0.78 \$0.58 \$0.38 \$0.20 \$0.00 \$1.16 YES **OD HEPATITIS PANEL 6462** \$17.35 \$17.35 \$14.40 \$11.62 \$8.68 \$5.73 \$2.95 \$0.00 QD HIV-1/2 ANTIGEN AND ANTIBODIES, FOURTH GENERATION, WITH REF 91431 \$6.80 YES \$6.80 \$5.64 \$4.56 \$3.40 \$2.24 \$1.16 \$0.00 YES OD HSV -SIMPLEX TYPE 1 OR HSV SIMPLEX TYPE 2\*\* 6447 \$5.00 \$5.00 \$4.15 \$3.35 \$2.50 \$1.65 \$0.85 \$0.00 YES \$1.45 \$1.17 \$0.88 \$0.58 \$0.30 \$0.00 QD LIPID PANEL WITH LDL/HDL RATIO 7600 \$1.75 \$1.75 YES \$25.00 \$8.25 \$4.25 OD QUANTIFERON-TB GOLD PLUS, 1 TUBE 36970 \$25.00 \$20.75 \$16.75 \$12.50 \$0.00 OD RPR DX WITH REFLEX TO TITER AND TREPONEMA PALLIDUM ANTIBODY, IA \$2.00 YES \$2.00 \$1.66 \$1.34 \$1.00 \$0.66 \$0.34 \$0.00 36126 QD SURESWAB(R) ADVANCED VAGINITIS PLUS, TMA 10120 \$119.61 YES \$119.61 \$99.28 \$80.14 \$59.81 \$39.47 \$20.33 \$0.00 YES \$22.38 \$11.03 OD THINPREP IMAGING PAP AND APTIMA HPV (MRNA E6-E7) 90933 \$33.41 \$33.41 \$27.73 \$16.71 \$5.68 \$0.00 QD THINPREP IMAGING PAP REFLEX APTIMA HPV (MRNA E6-E7) 90934 \$12.60 YES \$12.60 \$10.46 \$8.44 \$6.30 \$4.16 \$2.14 \$0.00 YES OD TRICHOMONAS VAGINALIS RNA QUALITATIVE TMA, MALES 90801 \$18.00 \$18.00 \$14.94 \$12.06 \$9.00 \$5.94 \$3.06 \$0.00 QD TRICHOMONAS VAGINALIS RNA, QUALITATIVE, TMA 19550 YES \$17.61 \$14.62 \$11.80 \$8.81 \$5.81 \$2.99 \$0.00 \$17.61 **OD TSH 899** \$2.00 YES \$0.66 \$0.34 \$0.00 \$2.00 \$1.66 \$1.34 \$1.00 YES **OD URIC ACID 905** \$0.88 \$0.88 \$0.73 \$0.59 \$0.44 \$0.29 \$0.15 \$0.00 YES \$0.73 \$0.59 \$0.29 \$0.15 \$0.00 QD URIC ACID 905 \$0.88 \$0.88 \$0.44 OD URINALYSIS, COMPLETE, WITH REFLEX TO CULTURE 3020 \$1.50 YES \$1.50 \$1.25 \$1.01 \$0.75 \$0.50 \$0.26 \$0.00

**QD URINE CULTURE, ROUTINE 395** 

\$3.00

YES

\$3.00

\$2.49

\$2.01

\$1.50

\$0.99

\$0.51

\$0.00

<sup>\*</sup> Indicates that service/product may be unavailable/limited

<sup>\*\*</sup> Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.

DESCRIPTION	FULL FEE	PEE	100%	83%	67%	50%	33%	17%	0%	
	DENTAL S	SEALAN	<u>IT</u>							
ASSESSMENT OF A PATIENT	\$10.40	YES	\$10.40	\$8.63	\$6.97	\$5.20	\$3.43	\$1.77	\$0.00	
DENTAL SEALANT PER TOOTH	\$19.32	YES	\$19.32	\$16.04	\$12.94	\$9.66	\$6.38	\$3.28	\$0.00	
ORAL HYGIENE INSTRUCTION	\$8.92	YES	\$8.92	\$7.40	\$5.98	\$4.46	\$2.94	\$1.52	\$0.00	
SCREENING OF A PATIENT	\$10.40	YES	\$10.40	\$8.63	\$6.97	\$5.20	\$3.43	\$1.77	\$0.00	
SILVER DIAMINE FLOURIDE (D1355 CARIES PREVENTATIVE MEDICAMENT APPLICATION-PER TOOTH)	\$6.44	YES	\$6.44	\$5.35	\$4.31	\$3.22	\$2.13	\$1.09	\$0.00	
TOPICAL FLUORIDE VARNISH	\$16.35	YES	\$16.35	\$13.57	\$10.95	\$8.18	\$5.40	\$2.78	\$0.00	

<sup>\*</sup> Indicates that service/product may be unavailable/limited

<sup>\*\*</sup> Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.

DESCRIPTION	FULL FEE	TEE	100%	83%	67%	50%	33%	17%	0%
	<b>MEDICA</b>	TIONS <sup>:</sup>	<u>**</u>						
ACYCLOVIR 400 MG TAB #30 PLUS **	\$3.55	YES	\$3.55	\$2.95	\$2.38	\$1.78	\$1.17	\$0.60	\$0.00
AZITHROMYCIN (ZITHROMAX) 250 MG 4 PLUS **	\$0.78	YES	\$0.78	\$0.65	\$0.52	\$0.39	\$0.26	\$0.13	\$0.00
BICILLIN L-A **	\$0.04	YES	\$0.04	\$0.03	\$0.03	\$0.02	\$0.01	\$0.01	\$0.00
BIKTARVY PLUS**	\$2,494.16	YES	\$2,494.16	\$2,070.15	\$1,671.09	\$1,247.08	\$823.07	\$424.01	\$0.00
CEFTRIAXONE SODIUM (ROCEPHIN) 1 MG**	\$1.09	YES	\$1.09	\$0.90	\$0.73	\$0.55	\$0.36	\$0.19	\$0.00
CEFTRIAXONE SODIUM (ROCEPHIN) 500 MG **	\$0.57	YES	\$0.57	\$0.47	\$0.38	\$0.29	\$0.19	\$0.10	\$0.00
CEFTRIAXONE SODIUM (ROCEPHIN)250 MG **	\$0.09	YES	\$0.09	\$0.07	\$0.06	\$0.05	\$0.03	\$0.02	\$0.00
DESCOVY 200 MG-25MG	\$915.37	YES	\$915.37	\$759.76	\$613.30	\$457.69	\$302.07	\$155.61	\$0.00
DISPENSING FEE PER MEDICATION	\$0.00	YES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOXYCYCLINE HYCLATE 100 MG 14 CAPS **	\$0.66	YES	\$0.66	\$0.55	\$0.44	\$0.33	\$0.22	\$0.11	\$0.00
DOXYCYCLINE HYCLATE 100 MG 2 CAPS **	\$0.09	YES	\$0.09	\$0.07	\$0.06	\$0.05	\$0.03	\$0.02	\$0.00
DOXYCYCLINE HYCLATE 100 MG 28 CAPS **	\$1.31	YES	\$1.31	\$1.09	\$0.88	\$0.66	\$0.43	\$0.22	\$0.00
EPI-PEN JR (TWO PACK)	\$12.97	YES	\$12.97	\$10.77	\$8.69	\$6.49	\$4.28	\$2.20	\$0.00
EPI-PEN-(TWO PACK)	\$13.74	YES	\$13.74	\$11.40	\$9.21	\$6.87	\$4.53	\$2.34	\$0.00
FERROUS SULFATE 325 MG UD (BOX OF 100) PLUS **	\$0.89	YES	\$0.89	\$0.74	\$0.60	\$0.45	\$0.29	\$0.15	\$0.00
FLUCONZAOLE	\$1.04	YES	\$1.04	\$0.86	\$0.70	\$0.52	\$0.34	\$0.18	\$0.00
FOLIC ACID **	\$1.12	YES	\$1.12	\$0.93	\$0.75	\$0.56	\$0.37	\$0.19	\$0.00
METRONIDAZOLE 500MG (FLAGYL) 14 TABS**	\$0.71	YES	\$0.71	\$0.59	\$0.48	\$0.36	\$0.23	\$0.12	\$0.00
METRONIDAZOLE 500MG (FLAGYL) 28 TABS**	\$1.44	YES	\$1.44	\$1.20	\$0.96	\$0.72	\$0.48	\$0.24	\$0.00
METRONIDAZOLE 500MG (FLAGYL) 4 TABS**	\$0.20	YES	\$0.20	\$0.17	\$0.13	\$0.10	\$0.07	\$0.03	\$0.00
METRONIDAZOLE VAGINAL GEL 0.75% 70 PLUS (METRO GEL)**	\$3.04	YES	\$3.04	\$2.52	\$2.04	\$1.52	\$1.00	\$0.52	\$0.00
MICONOZOLE CREAM 2 PER - 45GM	\$5.02	YES	\$5.02	\$4.17	\$3.36	\$2.51	\$1.66	\$0.85	\$0.00
NYSTATIN 100,000 U/GM CR 15GM PLUS **	\$0.71	YES	\$0.71	\$0.59	\$0.48	\$0.36	\$0.23	\$0.12	\$0.00
NYSTATIN TRIAMCINOLONE ACETONIDE 1 GM	\$1.71	YES	\$1.71	\$1.42	\$1.15	\$0.86	\$0.56	\$0.29	\$0.00

<sup>\*</sup> Indicates that service/product may be unavailable/limited

<sup>\*\*</sup> Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.

		SLIDING FEE							
DESCRIPTION	FULL FEE		100%	83%	67%	50%	33%	17%	0%
PRENATAL VITAMINS**	\$2.99	YES	\$2.99	\$2.48	\$2.00	\$1.50	\$0.99	\$0.51	\$0.00
SYMTUZA 30 UNITS**	\$2,961.74	YES	\$2,961.74	\$2,458.24	\$1,984.37	\$1,480.87	\$977.37	\$503.50	\$0.00
TERCONAZOLE CREAM 0.4% 45GM**	\$7.55	YES	\$7.55	\$6.27	\$5.06	\$3.78	\$2.49	\$1.28	\$0.00
TIVICAY (DOLUTEGRAVIR) **	\$948.31	YES	\$948.31	\$787.10	\$635.37	\$474.16	\$312.94	\$161.21	\$0.00
TRIAMCINOLONE ACETONIDE 0.1 CREAM**	\$0.25	YES	\$0.25	\$0.21	\$0.17	\$0.13	\$0.08	\$0.04	\$0.00
TRUVADA PLUS **	\$587.72	YES	\$587.72	\$487.81	\$393.77	\$293.86	\$193.95	\$99.91	\$0.00

#### VITAL STATISTICS

CERTIFIED BIRTH CERTIFICATE -FLORIDA BIRTHS 1930 TO PRESENT	\$17.00	NO
CERTIFIED DEATH CERTIFICATE	\$15.00	NO
PLASTIC DOCUMENT PROTECTIVE COVER	\$5.00	NO

#### **NUTRITION AND BREASTFEEDING**

BREASTFEEDING COUNSELING(ADDITIONAL 15 MINUTE UNIT UNIT)	\$32.50	NO
BREASTFEEDING COUNSELING, FOLLOW-UP	\$30.00	NO
BREASTFEEDING COUNSELING, INITIAL	\$60.00	NO
NUTRITION CONSULTATION AND/OR PRESENTATION (PER 15 MINUTE UNIT)	\$50.00	NO
NUTRITIONAL ASSESSMENT AND COUNSELING(ADDITIONAL 15 MINUTE UNIT UNIT)	\$32.50	NO
NUTRITIONAL ASSESSMENT AND COUNSELING, INITIAL	\$60.00	NO

<sup>\*</sup> Indicates that service/product may be unavailable/limited

<sup>\*\*</sup> Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.

SLIDING

FULL FEE	FEE	100%	83%	67%	50%	33%	17%	0%
VACCINA	ATIONS							
\$68.19	NO							
\$105.28	NO							
\$47.33	NO							
\$126.20	NO							
\$12.11	NO							
\$281.62	NO							
\$17.67	NO							
\$10.00	NO							
\$10.00 OF	NO							
\$65.00	NO							
\$37.80	NO							
\$192.16	NO							
\$134.90	NO							
\$87.33	NO							
\$209.85	NO							
\$107.16	NO							
\$241.38	NO							
\$262.01	NO							
\$322.02	NO							
\$39.22	NO							
\$125.35	NO							
\$167.57	NO							
	VACCINA \$68.19 \$105.28 \$47.33 \$126.20 \$12.11 \$281.62 \$17.67 \$10.00 \$10.00 OF \$65.00 \$37.80 \$192.16 \$134.90 \$87.33 \$209.85 \$107.16 \$241.38 \$262.01 \$322.02 \$39.22 \$125.35	\$68.19 NO \$105.28 NO \$47.33 NO \$126.20 NO \$12.11 NO \$281.62 NO \$17.67 NO \$10.00 NO \$10.00 NO  \$10.00 NO \$10.00 NO \$37.80 NO \$192.16 NO \$134.90 NO \$87.33 NO \$209.85 NO \$107.16 NO \$241.38 NO \$262.01 NO \$3322.02 NO \$39.22 NO	FULL FEE 100%  VACCINATIONS  \$68.19 NO \$105.28 NO \$47.33 NO \$126.20 NO \$12.11 NO \$281.62 NO \$17.67 NO \$10.00 NO \$10.00 NO  \$10.00 NO \$10.00 NO \$37.80 NO \$134.90 NO \$134.90 NO \$87.33 NO \$209.85 NO \$107.16 NO \$241.38 NO \$262.01 NO \$3322.02 NO \$39.22 NO \$125.35 NO	FULL FEE 100% 83%  VACCINATIONS  \$68.19 NO \$105.28 NO \$47.33 NO \$126.20 NO \$12.11 NO \$281.62 NO \$17.67 NO \$10.00 NO \$10.00 NO  S10.00 NO \$10.00 NO \$10.00 NO \$10.00 NO \$37.80 NO \$192.16 NO \$134.90 NO \$87.33 NO \$209.85 NO \$107.16 NO \$241.38 NO \$262.01 NO \$3322.02 NO \$39.22 NO \$125.35 NO	FULL FEE 100% 83% 67%  VACCINATIONS  \$68.19 NO \$105.28 NO \$47.33 NO \$126.20 NO \$12.11 NO \$281.62 NO \$17.67 NO \$10.00 NO \$10.00 NO OF  \$65.00 NO \$37.80 NO \$192.16 NO \$134.90 NO \$87.33 NO \$209.85 NO \$107.16 NO \$241.38 NO \$262.01 NO \$322.02 NO \$39.22 NO \$125.35 NO	FULL FEE 100% 83% 67% 50%  VACCINATIONS  \$68.19 NO \$105.28 NO \$47.33 NO \$126.20 NO \$12.11 NO \$281.62 NO \$17.67 NO \$10.00 NO \$10.00 NO  OF  \$65.00 NO \$37.80 NO \$192.16 NO \$134.90 NO \$87.33 NO \$209.85 NO \$107.16 NO \$241.38 NO \$262.01 NO \$3322.02 NO \$39.22 NO \$125.35 NO	FULL FEE 100% 83% 67% 50% 33%  VACCINATIONS  \$68.19 NO \$105.28 NO \$47.33 NO \$126.20 NO \$12.11 NO \$281.62 NO \$17.67 NO \$10.00 NO  OF  \$65.00 NO \$37.80 NO \$192.16 NO \$134.90 NO \$87.33 NO \$209.85 NO \$107.16 NO \$241.38 NO \$262.01 NO \$332.02 NO \$39.22 NO \$125.35 NO	FULL FEE 100% 83% 67% 50% 33% 17%  VACCINATIONS  \$68.19 NO \$105.28 NO \$47.33 NO \$126.20 NO \$12.11 NO \$281.62 NO \$17.67 NO \$10.00 NO \$10.00 NO  OF  \$65.00 NO \$37.80 NO \$192.16 NO \$134.90 NO \$134.90 NO \$209.85 NO \$107.16 NO \$241.38 NO \$262.01 NO \$332.02 NO \$39.22 NO \$125.35 NO

<sup>\*</sup> Indicates that service/product may be unavailable/limited

<sup>\*\*</sup> Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.

DESCRIPTION	FULL FEE	100%	83%	67%	50%	33%	17%	0%
VARICELLA- SHINGRIX-ADULT-**	\$197.06 NO							
	OTHER SERVI	<u>ICES</u>						
COPIES - PER PAGE (WAIVED IF CHARGE IS LESS THAN \$5.00)	\$0.15 NO							
EDUCATION SESSIONS-PER GROUP - PER SESSION	\$300.00 NO							
EDUCATION SESSIONS-PER PARTICIPANT - PER SESSION	\$30.00 NO							
FINGERPRINTING	\$75.00 NO							
FORM - DH 686**	\$10.00 NO							
FORM- COLLEGE**	\$25.00 NO							
FORM COMPLETION (ONE TO TWO PAGES)	\$25.00 NO							
FORM- DH 680**	\$10.00 NO							
NONSUFFICIENT FEES (NSF) CHARGE PLUS PERCENT OF FACE VALUE AND FEES IF APPROPRIATE	\$25.00 NO							
PLAN UPDATE OR REVISION (COMPREHENSIVE EMERGENCY MANAGEMENT PLAN)	\$60.00 NO							

<sup>\*</sup> Indicates that service/product may be unavailable/limited

<sup>\*\*</sup> Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.