

***MAHONING COUNTY  
PUBLIC HEALTH***

***Nursing Division***

***FEE SCHEDULE***

***2026***

Mahoning County Public Health is an insurance provider for most major medical insurances. Please check with your insurance carrier to confirm we are a contracted provider and your coverage level for preventative vaccines.

**Adult Immunization Fees for Private Insurance**

	<b>Price Per Dose</b>
COVID-19 (12 years and up)(Pfizer-Comirnaty)	178.00
COVID-19 (12 years and up)(Moderna-Spikevax)	171.00
COVID-19 (High Risk 12 – 64 years/over 65)(Moderna-mNEXSPIKE)	213.00
Hepatitis A	97.00
Hepatitis B	80.00
Hepatitis B (Heplisav)	187.00
Hepatitis A & B combined (Twinrix)	159.00
Hib	36.00
HPV9 (Gardasil) (ages 19-26)	369.00
IPV	50.00
Japanese Encephalitis (Ixiaro)	346.00
Meningococcal ACWY-TT (MenQuadfi)	207.00
Meningococcal B-4C (Bexsero)	285.00
Meningococcal B-FHbp (Trumenba)	248.00
MMR	115.00
Pneumococcal 13 (Prevnar 13)	275.00
Pneumococcal 15 (Vaxneuvance)	280.00
Pneumococcal 20 (Prevnar 20)	458.00
Pneumococcal 23 (Pneumovax 23)	188.00
Pre-exposure Rabies Vaccine	486.00
Recombinant Zoster (Shingrix)	259.00
RSV - Respiratory Syncytial Virus (Abrysvo - Bivalent)	369.00
Tdap	60.00
Tick Borne Encephalitis (Ticovac)	365.00
Typhim Vi (Ages 2 and up)	176.00
Varicella (Chickenpox)	220.00
Yellow Fever	270.00
Counseling/Administration Fee for Immunizations	25.00

**Adult Immunization Fees for Uninsured, Underinsured**

	<b>Price Per Dose</b>
Flu	21.25
Hepatitis A	21.25
Hepatitis B	21.25
Hepatitis A & B Combined (Twinrix)	21.25
HPV9 (Gardasil) (ages 19-26)	21.25
MMR	21.25
Meningococcal ACWY-TT (MenQuadfi)	21.25
Pneumococcal 13 (Prevnar 13)	21.25
Pneumococcal 15 (Vaxneuvance)	21.25
Pneumococcal 20 (Prevnar 20)	21.25
Pneumococcal 23 (Pneumovax 23)	21.25
Recombinant Zoster (Shingrix)	21.25
Td	21.25
Tdap	21.25
Varicella (Chickenpox)	21.25

**Flu Shots (Price includes Administration Fee)**

Flu Shots (Ages 6 mo. and up)	50.00
Flu Shots (High Dose for 65+ and solid organ transplant recipients ages 18-64 on immunosuppression medication regimens)	125.00
Flublok - Eggfree (Ages 9 yrs. and up)	125.00
Flucelvax – Eggfree (Ages 6 mo. and up)	75.00

**Child Immunization Fees for Private Insurance  
(birth thru 18 yrs. unless noted)**

	<b>Price Per Dose</b>
COVID-19 (5 years – 11 years old)(Pfizer-Comirnaty)	100.00
COVID-19 (12 years and up)(Pfizer-Comirnaty)	178.00
COVID-19 (6 months – 11 years old)(Moderna-Spikevax)	155.00
COVID-19 (12 years and up)(Moderna-Spikevax)	171.00
DTaP	40.00
DTaP/IPV (Kinrix/Quadracel)	75.00
DTaP/IPV/Hep B (Pediarix)	117.00
DTap/IPV/Hib (Pentacel)	176.00
DTaP/IPV/Hib/Hep B (Vaxelis)	188.00
Hepatitis A	50.00
Hepatitis B	46.00
Hib	36.00
HPV9 (Gardasil) (9-18 yr.)	369.00
IPV	54.00
Japanese Encephalitis (Ixiaro)	330.00
Meningococcal ACWY-TT (MenQuadfi)	207.00
Meningococcal B-4C (Bexsero)	285.00
Meningococcal B-FHbp (Trumenba)	248.00
MMR	115.00
MMR/Varicella (ProQuad)	335.00
Pneumococcal 13 (Prevnar 13)	275.00
Pneumococcal 15 (Vaxneuvance)	280.00
Pneumococcal 20 (Prevnar 20)	458.00
Pneumococcal 23 (Pneumovax 23)	188.00
Rotavirus (Rotateq)	119.00
RSV Monoclonal Antibodies(nirsevimab/Beyfortus)	668.00
Tdap	60.00
Td	48.00
Tick Borne Encephalitis (Ticovac)	340.00
Varicella (Chickenpox)	220.00
Counseling/Administration Fee for Immunizations	25.00

**Child Immunization Fees for Medicaid, Uninsured, Underinsured  
(birth thru 18 yrs. unless noted)**

	<b>Price per dose</b>
COVID-19 (6 months – 11 years old)(Moderna-Spikevax)	21.25
COVID-19 (5 years – 11 years old)(Pfizer-Comirnaty)	21.25
COVID-19 (12 years and up)	21.25
DTaP	21.25
DTaP/IPV (Kinrix/Quadracel)	21.25

DTaP/IPV/Hep B (Pediarix)	21.25
DTaP/IPV/Hib (Pentacel)	21.25
DTaP/IPV/Hib/Hep B (Vaxelis)	21.25
Flu	21.25
Hepatitis A	21.25
Hepatitis B (up thru 19 yr.)	21.25
Hib	21.25
HPV9 (Gardasil) (9-18 yr.)	21.25
IPV	21.25
Meningococcal ACWY-TT (MenQuadfi)	21.25
Meningococcal B-4C (Bexsero)	21.25
Meningococcal B-FHbp (Trumenba)	21.25
MMR	21.25
MMR/Varicella (ProQuad)	21.25
Pneumococcal 13 (Prevnar 13)	21.25
Pneumococcal 15 (Vaxneuvance)	21.25
Pneumococcal 20 (Prevnar 20)	21.25
Pneumococcal 23 (Pneumovax 23)	21.25
ProQuad	21.25
Rotavirus (Rotateq)	21.25
RSV Monoclonal Antibodies(nirsevimab/Beyfortus)	21.25
Tdap	21.25
Td	21.25
Varicella (Chickenpox)	21.25
Enabling services	20.00

**Other Fees**

Health Concerns in International Travel Booklet	3.00
Health Handbook for International Travel Booklet	1.00
Public Health Nurse Services	65.00/hr.

**Medication Education Training**

One session	125.00 + 1.00 per attendee
Two sessions	225.00 + 2.00 per attendee
Three sessions	275.00 + 3.00 per attendee

**Tuberculosis Clinic Fees**

Chest X-Rays (Non-TB clinic clients)	75.00
T-Spot TB Test	99.25
Out of County Resident Mantoux Skin Test	20.00
Out of County Resident Two-Step Mantoux Skin Test	35.00
TB Clinic Off-Site Mantoux Testing Fee	50.00+ 3.00 per person tested