

***MAHONING COUNTY  
PUBLIC HEALTH***

***Nursing Division***

***FEE SCHEDULE***

***2025***

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****Price Per Dose**

COVID-19 (12 years and up)	135.00
COVID-19 (12 years and up)	155.00
Hepatitis A	95.00
Hepatitis B	80.00
Hepatitis B (Hepelisav)	165.00
Hepatitis A & B combined (Twinrix)	145.00
Hib	36.00
HPV9 (Gardasil) (ages 19-26)	345.00
IPV	50.00
Japanese Encephalitis (Ixiaro)	330.00
Meningococcal ACWY-TT (MenQuadfi)	205.00
Meningococcal B-4C (Bexsero)	250.00
Meningococcal B-FHbp (Trumenba)	215.00
MMR	115.00
Pneumococcal 13 (Prevnar 13)	275.00
Pneumococcal 15 (Vaxneuvance)	275.00
Pneumococcal 20 (Prevnar 20)	400.00
Pneumococcal 23 (Pneumovax 23)	160.00
Pre-exposure Rabies Vaccine	460.00
Recombinant Zoster (Shingrix)	210.00
RSV - Respiratory Syncytial Virus (Abrysvo - Bivalent)	355.00
Tdap	60.00
Tick Borne Encephalitis (Ticovac)	340.00
Typhim Vi (Ages 2 and up)	160.00
Varicella (Chickenpox)	210.00
Yellow Fever	235.00
Counseling/Administration Fee for Immunizations	25.00

**Adult Immunization Fees for Uninsured, Underinsured****Price Per Dose**

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+)	115.00
Flublok - Eggfree (Ages 18 yrs. and up)	115.00
Flucelvax – Eggfree (Ages 6 mo. and up)	65.00

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

	<b>Price Per Dose</b>
COVID-19 (6 months – 4 years old)	70.00
COVID-19 (5 years – 11 years old)	90.00
COVID-19 (12 years and up)	135.00
COVID-19 (6 months – 11 years old)	150.00
COVID-19 (12 years and up)	155.00
DTaP	40.00
DTaP/IPV (Kinrix/Quadracel)	70.00
DTap/IPV/Hib (Pentacel)	160.00
DTaP/IPV/Hib/Hep B (Vaxelis)	185.00
Hepatitis A	50.00
Hepatitis B	35.00
Hib	36.00
HPV9 (Gardasil) (9-18 yr.)	345.00
IPV	50.00
Japanese Encephalitis (Ixiaro)	330.00
Meningococcal ACWY-TT (MenQuadfi)	205.00
Meningococcal B-4C (Bexsero)	250.00
Meningococcal B-FHbp (Trumenba)	215.00
MMR	115.00
Pneumococcal 13 (Prevnar 13)	275.00
Pneumococcal 15 (Vaxneuvance)	275.00
Pneumococcal 20 (Prevnar 20)	400.00
Pneumococcal 23 (Pneumovax 23)	160.00
Rotavirus (Rotateq)	115.00
RSV Monoclonal Antibodies(nirsevimab/Beyfortus)	594.00
Tdap	60.00
Td	40.00
Tick Borne Encephalitis (Ticovac)	340.00
Varicella (Chickenpox)	210.00
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 – 4 years old)	21.25
COVID-19 (5 years – 11 years old)	21.25
COVID-19 (12 years and up)	21.25
DTaP	21.25
DTaP/IPV (Kinrix/Quadracel)	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
Pneumococcal 13 (Prevnar 13)	21.25
Pneumococcal 15 (Vaxneuvance)	21.25
Pneumococcal 20 (Prevnar 20)	21.25
Pneumococcal 23 (Pneumovax 23)	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