

# Huron County Health Department Fee Schedule

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|--|---|
| <b>SECTION:</b> 1 (Part 1)   | <b>SUBJECT:</b> Immunization Program  |
| <b>PURPOSE:</b> To establish fees to be charged for services rendered. |   |
| <b>EFFECTIVE DATE:</b> 9/26/2023                                       | <b>LAST REVIEW:</b> 09/14/2023  |
| <b>DATE ESTABLISHED:</b> 5/1/02  | <b>LAST REVISION DATE:</b> 02/20/2016   |
| <b>INITIAL BOH ADOPTED DATE:</b> 5/15/02                               | <b>BOH ADOPTED DATE:</b> 9/21/2023  |
| <b>INITIAL BOC ADOPTED DATE:</b> 5/14/02                               | <b>BOC ADOPTED DATE:</b> 9/26/2023 – No. 23-109C  |
| <b>Service</b>   | <b>Fee</b>  |
| Non-VFC/AVP Vaccines offered at HCHD                                   | \$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/AVP) |
| VFC/AVP Vaccines offered at HCHD                                       | \$23 Administration Fee   |
| Tuberculin Tests   | \$25 Administration Fee   |
| Rabies - Titer   | \$12 + lab fees   |
| Official Immunization Record – initial with immunizations              | No Charge   |
| Official Immunization Record - copy                                    | No Charge   |
| Tuberculin Results - Initial   | No Charge   |
| Tuberculin Results - Copy  | No Charge   |

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

# Huron County Health Department

## Fee Schedule

|  |   |
|--|---|
| <b>SECTION:</b> 2 (Part 1)   | <b>SUBJECT:</b> Family Planning             |
| <b>PURPOSE:</b> To establish fees to be charged for services rendered. |   |
| <b>EFFECTIVE DATE:</b> 1/01/2017                                       | <b>LAST REVIEW:</b> 9/14/2023               |
| <b>DATE ESTABLISHED:</b> 5/1/02  | <b>LAST REVISION DATE:</b> 11/04/2016       |
| <b>INITIAL BOH ADOPTED DATE:</b> 5/15/02                               | <b>BOH ADOPTED DATE:</b> 12/14/2016         |
| <b>INITIAL BOC ADOPTED DATE:</b> 5/14/02                               | <b>BOC ADOPTED DATE:</b> 12/29/2016         |
| <b>Service</b>   | <b>Fee</b>                                  |
| Initial Exam (ages 12 -17)   | \$206                                       |
| Initial Exam (ages 18 – 39)  | \$206                                       |
| Initial Exam (ages 40 – 64)  | \$206                                       |
| Established Exam (ages 12 – 17)  | \$170                                       |
| Established Exam (ages 18 – 39)  | \$154                                       |
| Established Exam (ages 40 – 64)  | \$154                                       |
| Initial Office Visit – Problem Focused                                 | \$139                                       |
| Initial Office Visit – Expanded Problem Focused                        | \$153                                       |
| Established Office Visit – RN  | \$72  |
| Established Office Visit – MLP – Problem Focused                       | \$139                                       |
| Established Office Visit – MLP – Expanded Problem Focused              | \$155                                       |
| Pregnancy Test   | \$15  |
| Counseling   | \$20  |
| GC – Probetec  | Actual cost of test, unless free from MDHHS |
| Chlamydia – Probetec   | Actual cost of test, unless free from MDHHS |
| VDRL   | Actual cost of test, unless free from MDHHS |
| Viral Culture  | Actual cost of test, unless free from MDHHS |
| Flagyl 14 Tabs   | Actual cost of drug, unless free from MDHHS |
| Flagyl 4 Tabs  | Actual cost of drug, unless free from MDHHS |
| Doxycycline  | Actual cost of drug, unless free from MDHHS |

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

# Huron County Health Department Fee Schedule

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| <b>SECTION:</b> 2 (Part 2)   |  | <b>SUBJECT:</b> Family Planning                                      |  |
| <b>PURPOSE:</b> To establish fees to be charged for services rendered. |  |  |  |
| <b>EFFECTIVE DATE:</b> 01/01/14  |  | <b>LAST REVIEW:</b> 09/14/2023                                       |  |
| <b>DATE ESTABLISHED:</b> 5/1/02  |  | <b>LAST REVISION DATE:</b> 3/20/13                                   |  |
| <b>INITIAL BOH ADOPTED DATE:</b> 5/15/02                               |  | <b>BOH ADOPTED DATE:</b> 12/18/13                                    |  |
| <b>INITIAL BOC ADOPTED DATE:</b> 5/14/02                               |  | <b>BOC ADOPTED DATE:</b> 12/30/2013                                  |  |
| <b>Service</b>   |  | <b>Fee</b>   |  |
| Zithromax Suspension 1 gm.   |  | Actual cost of drug, unless free from MDHHS                          |  |
| Rocephin   |  | Actual cost of drug, unless free from MDHHS                          |  |
| Erythromycin   |  | Actual cost of drug, unless free from MDHHS                          |  |
| Depo Provera*  |  | \$45*  |  |
| Diaphragm*   |  | \$15*  |  |
| Male Condom  |  | \$3.60/dozen <i>(Unless we get for free then there is no charge)</i> |  |
| Female Condom  |  | \$1 each   |  |
| Oral Contraceptives  |  | \$20/pack*   |  |
| Plan B*  |  | \$15/pack*   |  |
| IUD*   |  | Actual cost of device  |  |
| IUD Insertion  |  | Based on Contractual Agreement                                       |  |
| IUD Removal  |  | Based on Contractual Agreement                                       |  |
| Nuva Ring*   |  | \$40*  |  |
| Injection  |  | \$15   |  |

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*\* Any drug purchased through 340B Drug Program can only be charged at actual purchase price.*

# Huron County Health Department Fee Schedule

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| <b>SECTION:</b> 3  | <b>SUBJECT:</b> Breast and Cervical Cancer Control Program |
| <b>PURPOSE:</b> To establish fees to be charged for services rendered. |  |
| <b>EFFECTIVE DATE:</b> 03/19/2014                                      | <b>LAST REVIEW:</b> 09/14/2023                             |
| <b>DATE ESTABLISHED:</b> 5/1/02  | <b>LAST REVISION DATE:</b> 03/15/2014                      |
| <b>INITIAL BOH ADOPTED DATE:</b> 03/19/2014                            | <b>BOH ADOPTED DATE:</b> 03/19/2014                        |
| <b>INITIAL BOC ADOPTED DATE:</b> 03/25/2014                            | <b>BOC ADOPTED DATE:</b> 03/27/2014                        |
| <b>Service</b>   | <b>Fee</b>   |
| Initial Exam   | \$236  |
| Established Exam (ages 40-64)  | \$178  |

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

# Huron County Health Department Fee Schedule

|  |   |
|--|---|
| <b>SECTION: 4</b>  | <b>SUBJECT: Maternal Infant Health Program</b>  |
| <b>PURPOSE:</b> To establish fees to be charged for services rendered. |   |
| <b>EFFECTIVE DATE:</b> 10/01/2023                                      | <b>LAST REVIEW:</b> 09/14/2023                  |
| <b>DATE ESTABLISHED:</b> 5/1/02  | <b>LAST REVISION DATE:</b> 06/01/21             |
| <b>INITIAL BOH ADOPTED DATE:</b> 5/15/02                               | <b>BOH ADOPTED DATE:</b> 11/15/2023             |
| <b>INITIAL BOC ADOPTED DATE:</b> 5/14/02                               | <b>BOC ADOPTED DATE:</b> 11/28/2023 No. 23-128c |
| <b>Service</b>   | <b>Fee</b>                                      |
| MSS Office Enrollment (H1000)  | \$95  |
| MSS Additional Home Visit (H1001)                                      | \$100   |
| Discharge Visit (H1004)  | \$118   |
| MSS Home Enrollment (H2000)  | \$118   |
| MSS Home Visit (99402)   | \$100   |
| MSS Office Visit (99402)   | \$72  |
| Complex Home Visit with additional Face-To-Face Time                   | \$150   |
| ISS Office Enrollment (T1023)  | \$95  |
| ISS Home Enrollment (H2000)  | \$118   |
| ISS Home Visit (99402)   | \$100   |
| ISS Office Visit (99402)   | \$72  |
| Enhanced Care Coordination Time (T2022)                                | \$85  |
| ISS Drug Exposed – 1 <sup>st</sup> 30 minutes (96167)                  | \$95.80   |
| ISS Drug Exposed – Each Add'l (96168)                                  | \$15.34   |

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# Huron County Health Department Fee Schedule

| <b>SECTION: 5</b>   | <b>SUBJECT: Miscellaneous Fees</b>   |
|---|--|
| <b>PURPOSE:</b> To establish fees to be charged for services rendered.            |  |
| <b>EFFECTIVE DATE:</b> 09/26/2023   | <b>LAST REVIEW:</b> 09/14/2023   |
| <b>DATE ESTABLISHED:</b> 5/1/02   | <b>LAST REVISION DATE:</b> 05/01/2019  |
| <b>INITIAL BOH ADOPTED DATE:</b> 5/15/02  | <b>BOH ADOPTED DATE:</b> 09/20/2023  |
| <b>INITIAL BOC ADOPTED DATE:</b> 5/14/02  | <b>BOC ADOPTED DATE:</b> 09/26/2023 No. 23-109C  |
| Service   | Fee  |
| Breast and Cervical Cancer Control Program (BCCCP)                                | Fees established by the State  |
| Lead  | \$25 for all others including non-Medicaid Head Start  |
| Immune Status Titers – Hepatitis B Antibody                                       | \$25 + lab fees  |
| Immune Status Titer FB 146 – Medical/Nursing Student – Antibody Testing – 5 panel | \$25 + lab fees  |
| Immune Status Titer FB 147 – Healthcare Worker Immune Status testing – 3 panel    | \$25 + lab fees  |
| Lead Nursing Home Visit – First Visit   | \$75   |
| Lead Nursing Home Visit – Second Visit  | \$65   |
| Lead Environmental Health Home Visit – First Visit                                | \$200  |
| Lead Environmental Health Home Visit – Second Visit                               | \$150  |
| Court Ordered Testing   | \$141  |
| Disinterment/Re-interment Permit  | \$15   |
| Returned Check Fee  | \$25 + amount of check if paid within 7 days<br>\$25 + amount of check + \$35 if paid within 30 days |

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# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

| <b>SECTION:</b> 6 (Part 1)   | <b>SUBJECT:</b> Environmental Health                |
|--|---|
| <b>PURPOSE:</b> To establish fees to be charged for services rendered.                               |   |
| <b>EFFECTIVE DATE:</b> 12/01/2021  | <b>LAST REVIEW DATE:</b> 10/19/2022                 |
| <b>DATE ESTABLISHED:</b> 05/01/02  | <b>LAST REVISION DATE:</b> 11/1/2018                |
| <b>BOH ADOPTED DATE:</b> 05/15/02  | <b>BOH ADOPTED DATE:</b> 11/17/21 – Motion FY22-015 |
| <b>BOC ADOPTED DATE:</b> 05/14/02  | <b>BOC ADOPTED DATE:</b> 11/23/21 – Motion 21-155c  |
| Service  | Fee   |
| <b>SEWAGE PROGRAM</b>  | <b>PROPOSED FEES:</b>                               |
| <i>Sewage Disposal Permits</i>   |   |
| Application – Residential or Commercial <400 gal   | \$419   |
| Application – Commercial – 400 to 1999 gallons   | \$470   |
| Application – Commercial – 2000 to 10000 gallons   | \$591   |
| <i>Sewage Permit Renewal/Transfer</i>  |   |
| Renewal (prior to expiration date and may renew only once)   | \$51  |
| Permit Transfer  | \$51  |
| <b>Fee For Above Systems Installed Without Permit:<br/>Cost will be 3 times the fee noted above.</b> |   |
| <i>Other Sewage Services</i>   |   |
| Evaluations of Existing Systems  | \$224   |
| Relocation   | \$224   |
| Appeals Hearing Before Hearing Board or Hearing Officer  | \$574   |
| Sewage Installer Registration  |   |
| New Installer or Reinstatement   | \$251   |
| Renewal  | \$75  |
| Septic Tank Only - Application   | \$248   |
| <b>WELL PROGRAM</b>  |   |
| <i>Well Water Permits</i>  |   |
| Private Well or Type III (includes required sampling)  | \$266   |
| Type II Well – Commercial  | \$601   |
| <i>Well Permit Renewal/Transfer</i>  |   |
| Renewal (prior to expiration date and may renew only once)   | \$51  |
| Permit Transfer  | \$51  |
| <i>Other Well Services</i>   |   |
| Special Request Evaluation (sanitarian collects sample)  | \$82  |
| Type II Treatment  |   |
| Limited  | \$257   |
| Full   | \$510   |

# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

|  |  |            |           |
|--|--|------------|-----------|
| <b>SECTION:</b> 6 (Part 2)   | <b>SUBJECT:</b> Environmental Health   |            |           |
| <b>PURPOSE:</b> To establish fees to be charged for services rendered. |  |            |           |
| <b>EFFECTIVE DATE:</b> 10/01/2022                                      | <b>LAST REVIEW DATE:</b> 10/19/2022  |            |           |
| <b>DATE ESTABLISHED:</b> 05/01/02                                      | <b>LAST REVISION DATE:</b> 1/01/2020   |            |           |
| <b>BOH ADOPTED DATE:</b> 05/15/02                                      | <b>BOH ADOPTED DATE:</b> 11/17/21 - Motion FY22-015  |            |           |
| <b>BOC ADOPTED DATE:</b> 05/14/02                                      | <b>BOC ADOPTED DATE:</b> 11/23/21 - Motion 21-155c   |            |           |
| <b>Service</b>   | <b>Fee</b>   |            |           |
| <b>OTHER ENVIRONMENTAL HEALTH</b>                                      |  |            |           |
| <u>Evaluations/Inspections</u>   |  |            |           |
| Water/Sewage Evaluation  | <b>PROPOSED FEES:</b><br>\$401   |            |           |
| DHS Environmental Inspection   |  |            |           |
| Partial Inspection   | \$275  |            |           |
| Full Inspection  | \$401  |            |           |
| Plan Review  | \$383  |            |           |
| Partial Plan Review  | \$192  |            |           |
| <u>Plat/Cemetery/Land Division</u>                                     |  |            |           |
| Pre-Preliminary Plat (applied toward prelim plat if submitted)         | \$447  |            |           |
| Preliminary Plat   | \$289  |            |           |
| <u>Pool Inspections</u>  |  |            |           |
| Public Pool Inspection (Late Fees Apply)                               | \$182 (a \$54 late fee will be added the first day of the month following the due date and each month thereafter)            |            |           |
| <u>Campgrounds</u>   |  |            |           |
| Campground Inspection (Late Fees Apply)                                | \$210 + \$3 per site >25<br>(a \$54 late fee will be added the first month following the due date and each month thereafter) |            |           |
| Temporary Campground   |  |            |           |
| 5-25 sites   | Total Fee  | County Fee | State Fee |
| 26-50 sites  | \$221  | \$112      | \$109     |
| 51-75 sites  | \$272  | \$126      | \$146     |
| 76-100 sites   | \$325  | \$141      | \$184     |
| 101-500 sites  | \$375  | \$154      | \$221     |
| 501+ sites   | \$530  | \$200      | \$330     |
|  | \$959  | \$225      | \$734     |
| <u>Radon</u>   |  |            |           |
| Charcoal Test Kit  | \$11   |            |           |
| Alpha Test Kit   | \$11   |            |           |
| <u>Appeals Board Application</u>                                       |  |            |           |
| Appeals Board Application  | \$574  |            |           |
| <u>Body Art and Tattooing</u>  |  |            |           |
| Follow-up Inspection Fee   | \$192  |            |           |
| Plan Review  | \$266  |            |           |



# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

| <b>SECTION:</b> 6 (Part 3)   | <b>SUBJECT:</b> Environmental Health                |               |                 |                |                |
|--|---|---------------|-----------------|----------------|----------------|
| <b>PURPOSE:</b> To establish fees to be charged for services rendered. |   |               |                 |                |                |
| <b>EFFECTIVE DATE:</b> 12/01/2021                                      | <b>LAST REVIEW DATE:</b> 10/19/2022                 |               |                 |                |                |
| <b>DATE ESTABLISHED:</b> 05/01/02                                      | <b>LAST REVISION DATE:</b> 03/15/19                 |               |                 |                |                |
| <b>BOH ADOPTED DATE:</b> 05/15/02                                      | <b>BOH ADOPTED DATE:</b> 11/17/21 - Motion FY22-015 |               |                 |                |                |
| <b>BOC ADOPTED DATE:</b> 05/14/02                                      | <b>BOC ADOPTED DATE:</b> 11/23/21 - Motion 21-155c  |               |                 |                |                |
| Service  | Fee   |               |                 |                |                |
| <u>FOOD SERVICE - Profit</u>   | FEE   | COUNTY CHARGE | STATE SURCHARGE | CONSUMER EDUC. | INDUSTRY EDUC. |
| Fixed New License  | \$892   | \$862         | \$25            | \$3            | \$2            |
| Operating prior to license – 2x new license fee                        | \$1751  | \$1721        | \$25            | \$3            | \$2            |
| Renewal  | \$608   | \$578         | \$25            | \$3            | \$2            |
| Renewal – operating 9 months or less (seasonal)                        | \$375   | \$345         | \$25            | \$3            | \$2            |
| Late Fee – Per Month   | \$57  | \$57          |                 |                |                |
| Change of Ownership*   | \$892   | \$862         | \$25            | \$3            | \$2            |
| Mobile   | \$374   | \$344         | \$25            | \$3            | \$2            |
| Special Transitory Food Unit (STFU)                                    |   |               |                 |                |                |
| License  | \$155   | \$111         | \$39            | \$3            | \$2            |
| Inspection   | \$90  | \$90          |                 |                |                |
| Temporary  |   |               |                 |                |                |
| 30 days or more before event – regular fee                             | \$79  | \$70          | \$4             | \$3            | \$2            |
| 15-29 days before event – 2x regular fee**                             | \$152   | \$143         | \$4             | \$3            | \$2            |
| 1-14 days before event – 3x regular fee**                              | \$223   | \$214         | \$4             | \$3            | \$2            |
| day of event – 4x regular fee**  | \$298   | \$289         | \$4             | \$3            | \$2            |
| Second Reinspection per hour   | \$114   | \$114         |                 |                |                |
| Informal Hearing   | \$251   | \$251         |                 |                |                |
| Formal Hearing   | \$579   | \$579         |                 |                |                |
| Reinstatement of license following revocation                          | \$579   | \$579         |                 |                |                |
| Plan Review  |   |               |                 |                |                |
| Partial  | \$369   | \$369         |                 |                |                |
| Complete   | \$605   | \$605         |                 |                |                |

# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

|  |   |
|--|---|
| <b>SECTION:</b> 6 (Part 3)   | <b>SUBJECT:</b> Environmental Health                  |
| <b>PURPOSE:</b> To establish fees to be charged for services rendered. |   |
| <b>EFFECTIVE DATE:</b> 12/01/2021                                      | <b>LAST REVIEW DATE:</b> 10/19/2022                   |
| <b>DATE ESTABLISHED:</b> 05/01/02                                      | <b>LAST REVISION DATE:</b> 03/15/2019                 |
| <b>BOH ADOPTED DATE:</b> 05/15/02                                      | <b>BOH ADOPTED DATE:</b> 11/17/2021 - Motion FY22-015 |
| <b>BOC ADOPTED DATE:</b> 05/14/02                                      | <b>BOC ADOPTED DATE:</b> 11/23/21 - Motion 21-155c    |

| Service   | Fee    |               |                 |                |                |
|---|--------|---------------|-----------------|----------------|----------------|
| <u>FOOD SERVICE – Non-Profit</u>                | FEE    | COUNTY CHARGE | STATE SURCHARGE | CONSUMER EDUC. | INDUSTRY EDUC. |
| Fixed New License                               | \$867  | \$862         | \$0             | \$3            | \$2            |
| Operating prior to license – 2x new license fee | \$1726 | \$1721        | \$0             | \$3            | \$2            |
| Renewal   | \$583  | \$578         | \$0             | \$3            | \$2            |
| Renewal – operating 9 months or less (seasonal) | \$350  | \$345         | \$0             | \$3            | \$2            |
| Late Fee – Per Month                            | \$57   | \$57          |                 |                |                |
| Change of Ownership*                            | \$867  | \$862         | \$0             | \$3            | \$2            |
| Mobile  | \$349  | \$344         | \$0             | \$3            | \$2            |
| Special Transitory Food Unit (STFU)             |        |               |                 |                |                |
| License   | \$116  | \$111         | \$0             | \$3            | \$2            |
| Inspection                                      | \$90   | \$90          |                 |                |                |
| Temporary                                       |        |               |                 |                |                |
| 30 days or more before event – regular fee      | \$75   | \$70          | \$0             | \$3            | \$2            |
| 15-29 days before event – 2x regular fee**      | \$148  | \$143         | \$0             | \$3            | \$2            |
| 1-14 days before event – 3x regular fee**       | \$219  | \$214         | \$0             | \$3            | \$2            |
| day of event – 4x regular fee**                 | \$294  | \$289         | \$0             | \$3            | \$2            |
| Second Reinspection per hour                    | \$114  | \$114         |                 |                |                |
| Informal Hearing                                | \$251  | \$251         |                 |                |                |
| Formal Hearing                                  | \$579  | \$579         |                 |                |                |
| Reinstatement of license following revocation   | \$579  | \$579         |                 |                |                |
| Plan Review                                     |        |               |                 |                |                |
| Partial   | \$369  | \$369         |                 |                |                |
| Complete  | \$605  | \$605         |                 |                |                |

# Huron County Health Department Fee Schedule

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|--|---|
| <b>SECTION: 7</b>  | <b>SUBJECT:</b> Sexually Transmitted Infections Fees          |
| <b>PURPOSE:</b> To establish fees to be charged for services rendered. |   |
| <b>EFFECTIVE DATE:</b> 01/01/12  | <b>LAST REVIEW:</b> 09/14/2023                                |
| <b>DATE ESTABLISHED:</b> 02/24/04                                      | <b>LAST REVISION DATE:</b> 12/20/11                           |
| <b>INITIAL BOH ADOPTED DATE:</b> 02/18/04                              | <b>BOH ADOPTED DATE:</b> 12/21/11                             |
| <b>INITIAL BOC ADOPTED DATE:</b> 02/18/04                              | <b>BOC ADOPTED DATE:</b> 12/28/11                             |
| <b>Service</b>   | <b>Fee</b>  |
| New Client – Office Visit – Problem Focused                            | \$35.00   |
| New Client – Office Visit – Expanded Problem                           | \$60.00   |
| Established Client – Office Visit – Nursing Intervention               | \$20.00   |
| Established Client – Office Visit – Problem Focused                    | \$35.00   |
| Laboratory – Pregnancy Test  | \$15.00   |
| Laboratory – Serology/VDRL   | Actual cost of test, unless free from MDHHS                   |
| Laboratory – Chlamydia   | Actual cost of test, unless free from MDHHS                   |
| Laboratory – GC  | Actual cost of test, unless free from MDHHS                   |
| Medications – Flagyl – 14 tabs   | Actual cost of drug, unless free from MDHHS                   |
| Medications – Flagyl – 4 tabs  | Actual cost of drug, unless free from MDHHS                   |
| Medications – Doxycycline  | Actual cost of drug, unless free from MDHHS                   |
| Medications – Zithromax  | Actual cost of drug, unless free from MDHHS                   |
| Medications – Rocephin   | Actual cost of drug, unless free from MDHHS                   |
| Medications – Erythromycin   | Actual cost of drug, unless free from MDHHS                   |
| Medications – Bi-cillin LA   | Actual cost of drug, unless free from MDHHS                   |
| Contraceptives – Condom  | \$3.60/dozen (Unless we get for free then there is no charge) |
| Contraceptives – Female Condom   | \$1.00  |

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.