

**Wesley Health Center**  
**Annual Federal Poverty Guidelines and Sliding Fee Schedule**  
 Effective: May 1, 2024

| Primary Care Medical Services   | Code 0  | Code 1 | Code 2 | Code 3 | Code 4     | Code 5     |
|---|---|--------|--------|--------|------------|------------|
| Administration fee - Office Visit (including preventive care)   | \$40  | \$45   | \$50   | \$55   | Full price | Full price |
| Administration fee - Follow up visit (including primary care, neurology, nutrition visit)                       | \$10  | \$12   | \$14   | \$15   | Full price | Full price |
| Telephone Encounter Office Visit  | \$30  | \$35   | \$40   | \$45   | Full price | Full price |
| OB Prenatal Plan (59426)  | \$600   | \$650  | \$700  | \$750  | Full price | Full price |
| GYN PROCEDURES-IN HOUSE (Colposcopy and IEEP)   | \$350   | \$400  | \$450  | \$500  | Full price | Full price |
| Circumcision  | \$175   | \$225  | \$250  | \$300  | Full price | Full price |
| Vasectomy   | \$350   | \$450  | \$550  | \$650  | Full price | Full price |
| Family Planning Services* (Title X)   | Code 0  | Code 1 | Code 2 | Code 3 | Code 4     | Code 5     |
| Administration fee - Family Planning* Office Visit (includes lab fees & supplies excluding Nexplanon and IUD's) | \$0   | \$25   | \$30   | \$40   | \$45       | Full price |
| Nexplanon and IUD's (device only)   | \$0   | \$50   | \$55   | \$60   | \$65       | Full price |
| Wesley Laboratory Services  | Code 0  | Code 1 | Code 2 | Code 3 | Code 4     | Code 5     |
| Administration fee - Labs, Procedures and/or Injections (lab only no office visit) (excluding Specialty labs)   | \$30  | \$35   | \$40   | \$45   | Full price | Full price |
| FOBT (Fecal Occult Blood Test)  | \$5   | \$6    | \$7    | \$8    | Full price | Full price |
| Hemoglobin A1C  | \$8   | \$9    | \$10   | \$11   | Full price | Full price |
| INR   | \$5   | \$6    | \$7    | \$8    | Full price | Full price |
| TB SKIN TEST (86580)  | \$25  | \$26   | \$27   | \$28   | Full price | Full price |
| Immunizations (including Flu)   | <i>Immunizations may be covered by Arizona Department of Health Services or may vary by insurance plan.</i> |        |        |        |            |            |
| Administration of Immunizations 1 only  | \$10  | \$11   | \$12   | \$13   | Full price | Full price |
| Administration of Immunizations 2 or more   | \$20  | \$21   | \$22   | \$23   | Full price | Full price |
| Private Stock Flu Over 65 years of Age  | \$40  | \$44   | \$48   | \$52   | \$60       | \$60       |
| Wesley Imaging Services   | Code 0  | Code 1 | Code 2 | Code 3 | Code 4     | Code 5     |
| Administration fee - Retina Vue   | \$5   | \$6    | \$7    | \$8    | Full price | Full price |
| Behavioral Health Services  | Code 0  | Code1  | Code2  | Code3  | Code4      | Code5      |
| Counseling - Initial Assessment Same day as a Medical Visit   | \$0   | \$5    | \$6    | \$7    | Full price | Full price |
| Counseling - Initial Assessment   | \$35  | \$40   | \$45   | \$50   | Full price | Full price |
| Counseling - Re-Assessment Follow-up  | \$20  | \$25   | \$30   | \$35   | Full price | Full price |
| Counseling - Individual Intervention  | \$20  | \$25   | \$30   | \$35   | Full price | Full price |
| Counseling - Group Intervention   | \$5   | \$6    | \$7    | \$8    | Full price | Full price |
| Counseling - Family Session with Patient  | \$20  | \$25   | \$30   | \$35   | Full price | Full price |
| Counseling - Family Session without Patient   | \$30  | \$35   | \$40   | \$45   | Full price | Full price |

\*Family Planning Services funded by Arizona Family Health Partnership, effective July 1, 2015.

**ANNUAL INCOME\***

| Family Size | Code 0<br>Under 100% | Code 1<br>101% to 125% | Code 2<br>126% TO 150% | Code 3<br>151% TO 200% | Code 4<br>201% TO 250% | Code 5<br>OVER 250% |
|-------------|----------------------|------------------------|------------------------|------------------------|------------------------|---------------------|
| 1           | 15,060               | 15,061 18,825          | 18,826 22,590          | 22,591 30,120          | 30,121 37,650          | 37,651 AND UP       |
| 2           | 20,440               | 20,441 25,550          | 25,551 30,660          | 30,661 40,880          | 40,881 51,100          | 51,101 AND UP       |
| 3           | 25,820               | 25,821 32,275          | 32,276 38,730          | 38,731 51,640          | 51,641 64,550          | 64,551 AND UP       |
| 4           | 31,200               | 31,201 39,000          | 39,001 46,800          | 46,801 62,400          | 62,401 78,000          | 78,001 AND UP       |
| 5           | 36,580               | 36,581 45,725          | 45,726 54,870          | 54,871 73,160          | 73,161 91,450          | 91,451 AND UP       |
| 6           | 41,960               | 41,961 52,450          | 52,451 62,940          | 62,941 83,920          | 83,921 104,900         | 104,901 AND UP      |
| 7           | 47,340               | 47,341 59,175          | 59,176 71,010          | 71,011 94,680          | 94,681 118,350         | 118,351 AND UP      |
| 8**         | 52,720               | 52,721 65,900          | 65,901 79,080          | 79,081 105,440         | 105,441 131,800        | 131,801 AND UP      |

\*<https://www.federalregister.gov/documents/2024/01/17/2024-00796/annual-update-of-the-hhs-poverty-guidelines>

\*\*For families/households with more than 8 persons, add \$5,380 for each additional person.

| Family Planning - Lab Only Encounters | Code 0         | Code 1         | Code 2         | Code 3         | Code 4         | Code 5         |
|---------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| *Refills Only*                        | *Refills Only* | *Refills Only* | *Refills Only* | *Refills Only* | *Refills Only* | *Refills Only* |
| Condoms                               | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |
| OCP                                   | \$0            | \$2            | \$4            | \$6            | \$8            | \$10           |
| Patch                                 | \$0            | \$10           | \$15           | \$30           | \$45           | \$60           |
| Nuva Ring                             | \$0            | \$15           | \$20           | \$25           | \$30           | \$35           |
| Depo                                  | \$0            | \$5            | \$10           | \$15           | \$20           | \$25           |
| Emergency Contraceptive               | \$0            | \$2            | \$4            | \$6            | \$8            | \$10           |
| Pregnancy Test                        | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |
| Chlamydia Treatment                   | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |