

Table 3B – Laboratory Services (Blood Test, Fecal Test, Urine Test, Swab Test)

2026 Hospital Report Card

Under Act 53, the information in the table below was required to be submitted by the hospitals to the Vermont Department of Health. Most of the charges in the table are effective for the period of October 1, 2025 through September 30, 2026. They are based on Common Procedural Terminology (CPT®) codes, which are defined as "a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The purpose of the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, patients, and third parties" (CPT® Plus 2026 codebook - American Medical Association).

If you need help accessing or understanding this information, contact AHS.VDHHospitalReportCard@vermont.gov.

Physician and Hospital Pricing of Common Outpatient Procedures - Gross Charges

- The tables of CPT code charges shown on the Health Department's website provide hospital and physician gross charge information for selected commonly used outpatient procedures and related physician services.
- The charges listed are for the procedures themselves and do not represent other procedures that your physician may order or recommend.
- For some procedures, additional services such as blood collection or sedation may be required in conjunction with delivering the listed procedure.
- There may also be charges for supplies and pharmaceuticals used in the procedure.
- To completely understand all possible charges that may apply for services received, please call your hospital and/or physician. Every patient event may have unique circumstances that could require additional services determined at the time of care, which can affect your total charges. The gross charges shown do NOT take into account any discounts or insurance. Please see the "Frequently Asked Questions" page for more information about pricing issues and considerations.



HealthVermont.gov
802-863-7200



For Each Table

- All charges shown are for hospitals and hospital-employed physicians only.
- **“N/A” for hospital charges** indicates that the hospital does not perform this particular procedure. Check with the hospital as it may perform a similar procedure that is not listed.
- **“N/A” for physician charges** indicates that the hospital does not employ any physician who performs the service. In these cases, you may expect a separate charge from your physician or another doctor not employed directly by the hospital.
- The Hospital System Averages at the bottom of the table are the averages of the charges shown for each CPT code and do not include any charges that are "N/A".
- Note that many of the codes on the list are diagnostic tests in which the physician charge component represents the medical interpretation of a resulting image, lab specimen analysis, etc

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§ Hospital in the table below did not submit the required CPT code pricing information to the Department of Health as of May 31, 2026.

Table 3B - Laboratory Services

Hospital	CPT Code	Blood Test ⁶												
		80048	80051	80053	80061 ⁶⁶	80069	80074	80076	82306	82310	82378	82435	82465	82523
	Description	Basic metabolic panel (calcium, total)	Electrolyte panel	Comprehensive metabolic panel	Lipid panel	Renal (kidney) function panel	Acute hepatitis panel	Hepatic (liver) function panel	Vitamin D level	Calcium level	Carcinoembryonic antigen, CEA	Chloride level	Cholesterol levels	Collagen cross links
Brattleboro Memorial Hospital	Hospital Charge	\$113	\$93	\$142	\$143	\$224	\$609	\$108	\$400	\$55	\$190	N/A	\$58	\$121
Central Vermont Medical Center	Hospital Charge	\$93	\$88	\$141	\$122	\$128	\$837	\$137	\$255	\$49	\$268	\$52	\$93	\$408
Copley Hospital	Hospital Charge	\$101	\$73	\$135	\$123	\$88	\$308	\$84	\$151	\$43	\$88	\$31	\$47	\$119
University of Vermont Medical Center	Hospital Charge	\$108	\$78	\$128	\$138	\$226	\$707	\$154	\$250	\$55	\$280	\$58	\$53	\$373
S Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$165	\$97	\$190	\$159	\$190	N/A	\$190	\$350	\$166	\$197	\$190	\$159	\$382
Mt. Ascutney Hospital	Hospital Charge	\$186	\$155	\$219	\$206	\$155	\$847	\$175	\$70	\$91	\$322	\$101	\$98	\$205
North Country Hospital	Hospital Charge	\$148	\$188	\$244	\$136	\$232	N/A	\$243	\$361	\$163	\$395	\$59	\$110	\$310
Northeastern Vermont Regional Hospital	Hospital Charge	\$179	\$108	\$225	\$198	\$155	\$543	\$147	\$338	\$71	\$405	\$68	\$75	\$72
Northwestern Medical Center	Hospital Charge	\$71	\$62	\$71	\$71	\$42	\$272	\$53	\$124	\$49	\$426	\$34	\$163	\$736
Porter Hospital	Hospital Charge	\$121	\$117	\$185	\$233	\$159	\$472	\$102	\$215	\$42	\$190	\$50	\$42	\$257
Rutland Regional Medical Center	Hospital Charge	\$53	\$72	\$59	\$69	\$208	\$399	\$61	\$167	\$93	\$348	\$110	\$81	\$300
Southwestern Vermont Medical Center	Hospital Charge	\$115	\$99	\$148	\$148	\$107	\$170	\$128	\$278	\$99	\$310	\$95	\$90	\$427
S Springfield Hospital	Hospital Charge													
Hospital System Averages	Hospital Charge	\$121	\$102	\$157	\$146	\$159	\$516	\$132	\$246	\$81	\$285	\$77	\$89	\$309

		Blood Test ^b												
Hospital	CPT Code	82550	82565	82607	82627	82728	82785	82947 ⁶⁷	82977	83036 ⁶⁸	83525	83540	83550	83615
	Description	Creatine kinase (CK) level	Creatinine level	Vitamin B-12 (cyanocobalamin) level	DHEA-S level	Ferritin level	IgE (immune system protein) level	Blood glucose (sugar) level	Glutamyltransferase (liver enzyme) level (GGT)	Glycosylated mehoglobin test (A1C) for blood glucose	Insulin level	Iron level	Iron binding capacity	Lactate dehydrogenase (enzyme) level
Brattleboro Memorial Hospital	Hospital Charge	\$85	\$69	\$138	\$293	\$185	\$216	\$55	\$97	\$128	\$151	\$86	\$118	\$80
Central Vermont Medical Center	Hospital Charge	\$111	\$48	\$112	\$390	\$139	\$106	\$62	\$112	\$122	\$230	\$68	\$82	\$97
Copley Hospital	Hospital Charge	\$70	\$54	\$88	\$135	\$88	\$110	\$43	\$76	\$99	\$123	\$70	\$88	\$61
University of Vermont Medical Center	Hospital Charge	\$71	\$50	\$150	\$261	\$167	\$106	\$42	\$67	\$104	\$106	\$139	\$89	\$60
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$107	\$46	\$139	\$303	\$126	\$157	\$62	\$86	\$126	\$157	\$78	\$95	\$98
Mt. Ascutney Hospital	Hospital Charge	\$139	\$100	\$231	\$402	\$280	\$313	\$79	\$47	\$208	\$220	\$144	\$190	\$131
North Country Hospital	Hospital Charge	\$224	\$87	\$412	\$415	\$315	\$196	\$82	\$227	\$252	\$123	\$212	\$212	\$232
Northeastern Vermont Regional Hospital	Hospital Charge	\$130	\$96	\$218	\$474	\$167	\$165	\$59	\$97	\$149	\$168	\$110	\$173	\$118
Northwestern Medical Center	Hospital Charge	\$426	\$35	\$34	\$113	\$161	\$76	\$35	\$32	\$122	\$90	\$35	\$44	\$219
Porter Hospital	Hospital Charge	\$75	\$46	\$123	\$291	\$174	\$148	\$70	\$47	\$198	\$120	\$87	\$87	\$42
Rutland Regional Medical Center	Hospital Charge	\$156	\$57	\$160	\$533	\$134	\$98	\$34	\$125	\$45	\$274	\$75	\$103	\$145
Southwestern Vermont Medical Center	Hospital Charge	\$139	\$80	\$122	\$201	\$90	\$153	\$68	\$100	\$187	\$124	\$89	\$178	\$83
§ Springfield Hospital	Hospital Charge													
Hospital System Averages	Hospital Charge	\$144	\$64	\$160	\$318	\$169	\$154	\$58	\$93	\$145	\$157	\$100	\$122	\$114

		Blood Test												
Hospital	CPT Code	83690 ⁵	83721 ⁵	83735 ⁵	83970 ⁵	84075 ⁵	84100 ⁵	84146 ⁵	84153 ⁵	84155 ⁵	84165 ⁵	84295 ⁵	84402 ³⁴	84403 ⁵
	Description	Lipase (fat enzyme) level	LDL cholesterol level	Magnesium level	Parathormone (parathyroid hormone) level	Phosphatase (enzyme) level; alkaline	Phosphate level	Prolactin (milk producing hormone) level	Prostate specific antigen (PSA), total	Total protein level	Protein level	Sodium level	Testosterone level, free	Testosterone level, total
Brattleboro Memorial Hospital	Hospital Charge	\$62	\$122	\$90	\$543	\$69	\$62	\$254	\$195	\$44	\$294	\$58	\$334	\$294
Central Vermont Medical Center	Hospital Charge	\$90	\$199	\$110	\$308	\$63	\$58	\$86	\$238	\$62	\$77	\$48	\$71	\$257
Copley Hospital	Hospital Charge	\$53	\$67	\$73	\$209	\$54	\$40	\$102	\$182	\$44	\$110	\$35	\$143	\$146
University of Vermont Medical Center	Hospital Charge	\$67	\$167	\$75	\$234	\$56	\$51	\$232	\$192	\$50	\$136	\$57	\$211	\$164
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$64	\$167	\$98	\$487	\$190	\$59	\$241	\$194	\$59	\$138	\$97	\$263	\$314
Mt. Ascutney Hospital	Hospital Charge	\$102	\$176	\$144	\$747	\$107	\$103	\$398	\$335	\$79	\$203	\$88	\$478	\$417
North Country Hospital	Hospital Charge	\$426	\$200	\$154	\$500	\$220	\$160	\$415	\$175	\$221	\$84	\$73	N/A	\$434
Northeastern Vermont Regional Hospital	Hospital Charge	\$111	\$147	\$135	\$531	\$91	\$80	\$37	\$231	\$74	\$170	\$66	\$33	\$33
Northwestern Medical Center	Hospital Charge	\$104	\$89	\$156	\$129	\$53	\$54	\$55	\$371	\$32	\$85	\$35	\$52	\$78
Porter Hospital	Hospital Charge	\$73	\$93	\$47	\$260	\$46	\$46	\$177	\$189	\$41	\$99	\$46	\$92	\$210
Rutland Regional Medical Center	Hospital Charge	\$112	\$132	\$143	\$349	\$123	\$113	\$199	\$102	\$37	\$107	\$105	\$250	\$319
Southwestern Vermont Medical Center	Hospital Charge	\$100	\$97	\$131	\$250	\$99	\$99	\$360	\$333	\$80	\$182	\$92	\$201	\$201
§ Springfield Hospital	Hospital Charge													
Hospital System Averages	Hospital Charge	\$114	\$138	\$113	\$379	\$98	\$77	\$213	\$228	\$68	\$140	\$67	\$193	\$239

		Blood Test												
Hospital	CPT Code	84436 ⁵	84439 ⁵	84443 ⁵	84450 ⁵	84460 ⁵	84478 ⁵	84479 ⁵	84480 ⁵	84481 ⁵	84520 ⁵	84550 ⁵	84703 ⁵	85025 ⁵
	Description	Thyroxine (thyroid chemical) level, total	Thyroxine (thyroid chemical) level, free	Thyroid stimulating hormone (TSH) level	Aspartate aminotransferase (AST or SGOT) test	Alanine transaminase (ALT or SGPT) test	Triglycerides level	Test to evaluate thyroid hormone	T3 (thyroid hormone) level, total	T3 (thyroid hormone) level, free	Urea nitrogen level	Uric acid level	Gonadotropin (reproductive hormone)	CBC, automated, and automated WBC count
Brattleboro Memorial Hospital	Hospital Charge	\$90	\$122	\$221	\$70	\$62	\$77	\$80	\$190	\$227	\$47	\$61	\$101	\$104
Central Vermont Medical Center	Hospital Charge	\$129	\$180	\$220	\$66	\$76	\$282	\$261	\$181	\$276	\$42	\$72	\$182	\$68
Copley Hospital	Hospital Charge	\$73	\$133	\$146	\$54	\$50	\$63	\$45	\$86	\$123	\$39	\$49	\$47	\$72
University of Vermont Medical Center	Hospital Charge	\$113	\$106	\$176	\$55	\$55	\$60	\$135	\$150	\$125	\$49	\$54	\$34	\$75
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$97	\$124	\$218	\$218	\$63	\$59	\$102	\$184	\$231	\$46	\$59	\$126	\$84
Mt. Ascutney Hospital	Hospital Charge	\$118	\$194	\$303	\$116	\$100	\$112	\$139	\$325	\$306	\$76	\$100	N/A	\$152
North Country Hospital	Hospital Charge	\$181	\$268	\$293	\$206	\$206	\$111	\$29	\$614	\$191	\$143	\$271	N/A	\$145
Northeastern Vermont Regional Hospital	Hospital Charge	\$114	\$163	\$299	\$89	\$83	\$96	\$56	\$56	\$297	\$64	\$87	\$132	\$156
Northwestern Medical Center	Hospital Charge	\$111	\$217	\$352	\$35	\$35	\$308	\$241	\$53	\$90	\$35	\$53	\$47	\$85
Porter Hospital	Hospital Charge	\$91	\$116	\$193	\$69	\$46	\$40	\$102	\$105	\$154	\$46	\$70	N/A	\$99
Rutland Regional Medical Center	Hospital Charge	N/A	\$150	\$107	\$124	\$44	\$114	N/A	\$312	\$406	\$37	\$56	N/A	\$40
Southwestern Vermont Medical Center	Hospital Charge	\$119	\$181	\$268	\$80	\$85	\$95	\$73	\$124	\$137	\$80	\$80	\$192	\$140
§ Springfield Hospital	Hospital Charge													
Hospital System Averages	Hospital Charge	\$112	\$163	\$233	\$98	\$75	\$118	\$115	\$198	\$214	\$59	\$84	\$108	\$102

		Blood Test												
	CPT Code	85027 ⁵	85610 ^{1,69}	85651 ⁵	86003 ⁵⁴	86038 ⁵	86140 ⁵	86141 ⁵	86304	86430 ¹⁴	86480 ⁵	86618 ⁵	86695 ⁵	86696 ⁵
Hospital	Description	CBC, automated	Clotting time	Red blood cell sedimentation rate	Antibody to allergic substance (IgE)	Test to screen for autoimmune disorder	C-reactive protein	C-reactive protein, high sensitivity	Immunoassay for tumor antigen, quantitative; CA 125	Rheumatoid factor	Tuberculosis test	Analysis for Lyme disease bacteria	Antibody to herpes simplex virus, type 1	Antibody to herpes simplex virus, type 2
Brattleboro Memorial Hospital	Hospital Charge	\$83	\$53	n/a	\$69	\$159	\$47	\$174	\$273	\$77	\$222	\$179	\$173	\$235
Central Vermont Medical Center	Hospital Charge	\$61	\$59	\$0	\$98	\$222	\$84	\$135	\$273	\$0	\$340	\$220	\$179	\$179
Copley Hospital	Hospital Charge	\$68	\$49	\$0	\$105	\$136	\$79	\$56	\$121	\$0	\$348	\$113	\$95	\$133
University of Vermont Medical Center	Hospital Charge	\$64	\$58	\$19	\$49	\$145	\$72	\$155	\$214	N/A	\$208	\$177	\$170	\$210
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$89	\$70	\$64	\$59	\$139	\$84	\$170	\$210	N/A	\$720	\$171	\$157	\$206
Mt. Ascutney Hospital	Hospital Charge	\$125	\$92	N/A	\$150	\$248	\$76	\$230	\$444	N/A	\$999	\$248	\$232	\$351
North Country Hospital	Hospital Charge	\$103	\$95	\$145	\$138	\$595	\$256	\$107	\$398	N/A	\$323	\$161	\$104	\$85
Northeastern Vermont Regional Hospital	Hospital Charge	\$150	\$97	\$0	\$28	\$33	\$83	\$105	\$461	\$0	\$253	\$317	\$214	\$429
Northwestern Medical Center	Hospital Charge	\$115	\$50	N/A	\$179	\$190	\$35	\$167	\$90	\$42	\$297	\$212	\$176	\$176
Porter Hospital	Hospital Charge	\$69	\$87	\$30	\$68	\$113	\$70	\$116	\$146	N/A	\$240	\$117	\$96	\$96
Rutland Regional Medical Center	Hospital Charge	\$36	\$75	N/A	\$48	\$72	\$69	\$311	\$213	N/A	\$644	\$152	\$244	\$386
Southwestern Vermont Medical Center	Hospital Charge	\$80	\$43	N/A	\$110	\$132	\$92	\$221	\$191	\$109	N/A	\$78	\$199	\$199
§ Springfield Hospital	Hospital Charge													
Hospital System Averages	Hospital Charge	\$87	\$69	\$37	\$92	\$182	\$87	\$162	\$253	\$38	\$418	\$179	\$170	\$224

Hospital	CPT Code	Blood Test								Fecal Test ⁴		
		86703 ¹⁵	86706 ⁵	86787 ⁵	86800 ⁵	86803 ⁵	86850 ⁵	86900 ⁵	86901	82270	87045	87177
	Description	Antibody to HIV-1 and HIV-2 virus	Hepatitis B surface antibody level	Antibody to varicella-zoster virus (chicken pox)	Thyroglobulin (thyroid protein) antibody level	Hepatitis C antibody level	Antibody detection	ABO blood typing	Rh blood typing	Stool test for blood (to screen for colon tumors)	Stool test for bacterial culture	Stool test for parasites
Brattleboro Memorial Hospital	Hospital Charge	\$142	\$190	\$170	\$159	\$190	\$155	\$41	\$38	N/A	\$128	\$110
Central Vermont Medical Center	Hospital Charge	\$203	\$172	\$176	\$261	\$180	\$255	\$183	\$97	\$14	\$164	\$278
Copley Hospital	Hospital Charge	\$114	\$94	\$150	\$113	\$126	\$180	\$120	\$83	\$26	\$0	\$84
University of Vermont Medical Center	Hospital Charge	\$160	\$154	\$154	\$97	\$167	\$127	\$58	\$42	\$20	\$43	\$170
§ Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$159	\$176	\$188	\$150	\$229	\$161	\$81	\$81	\$45	\$84	\$209
Mt. Ascutney Hospital	Hospital Charge	\$235	\$230	\$283	\$255	\$236	\$234	\$67	\$67	\$49	\$165	N/A
North Country Hospital	Hospital Charge	N/A	\$258	\$150	\$181	\$182	\$139	\$113	N/A	\$176	N/A	\$123
Northeastern Vermont Regional Hospital	Hospital Charge	\$197	\$57	\$155	\$207	\$166	\$155	\$155	\$88	\$55	\$25	\$28
Northwestern Medical Center	Hospital Charge	\$228	\$76	\$180	\$336	\$88	\$152	\$170	\$141	\$39	\$198	\$223
Porter Hospital	Hospital Charge	\$96	\$125	\$81	\$101	\$120	\$148	\$140	\$43	\$31	N/A	\$151
Rutland Regional Medical Center	Hospital Charge	N/A	\$231	\$244	\$240	\$156	\$105	\$241	\$131	\$91	\$148	N/A
Southwestern Vermont Medical Center	Hospital Charge	\$201	\$201	\$122	\$154	\$124	\$239	\$141	\$131	\$65	\$131	\$181
§ Springfield Hospital	Hospital Charge											
Hospital System Averages	Hospital Charge	\$173	\$164	\$171	\$188	\$164	\$171	\$126	\$86	\$56	\$109	\$156

Hospital	CPT Code	Urine Test					
		81000 ^{1,19}	81001 ¹	81003 ^{1,70}	84156 ¹	87086 ⁷¹	87088 ¹
	Description	Urinalysis (non-automated), microscopy	Urinalysis (automated), with microscopy	Urinalysis (automated), without microscopy	Urine test for total protein level	Urine culture, colony count	Urine culture, organism identification
Brattleboro Memorial Hospital	Hospital Charge	\$25	\$10	\$24	\$91	\$79	\$51
Central Vermont Medical Center	Hospital Charge	\$24	\$128	\$66	\$68	\$84	\$91
Copley Hospital	Hospital Charge	\$0	\$80	\$38	\$42	\$0	\$42
University of Vermont Medical Center	Hospital Charge	\$18	\$52	\$48	\$46	\$112	\$111
§ Gifford Medical Center	Hospital Charge						
Grace Cottage Family Health & Hospital	Hospital Charge	\$84	\$84	\$44	\$59	\$90	N/A
Mt. Ascutney Hospital	Hospital Charge	N/A	\$68	\$55	\$138	\$101	\$83
North Country Hospital	Hospital Charge	\$188	\$160	\$186	\$154	N/A	\$241
Northeastern Vermont Regional Hospital	Hospital Charge	\$52	\$15	\$57	\$52	\$52	\$83
Northwestern Medical Center	Hospital Charge	N/A	\$76	\$88	\$198	\$55	\$30
Porter Hospital	Hospital Charge	\$28	\$59	\$52	\$46	\$121	\$76
Rutland Regional Medical Center	Hospital Charge	N/A	\$132	\$134	\$37	\$66	\$40
Southwestern Vermont Medical Center	Hospital Charge	\$23	\$149	\$148	\$127	\$145	N/A
§ Springfield Hospital	Hospital Charge						
Hospital System Averages	Hospital Charge	\$49	\$84	\$78	\$88	\$82	\$85

		Swab Test ⁵										
	CPT Code	87070	87077	87081	87186	87205	87400	87430	87491	87591	87624	87880 ^{31,72}
Hospital	Description	Bacterial culture swab, other than urine, blood, or stool	Bacterial culture for aerobic isolates	Screening test for disease-causing organism	Evaluation of antimicrobial drug	Special stain for microorganism	Influenza test (virus A or B)	Strep test, group A, immunoassay technique	Chlamydia test, amplified probe technique	Gonorrhea test (neisseria gonorrhoeae bacteria)	Infectious agent detection of HPV, high risk types	Strep test, group A, immunoassay with direct optical obs.
Brattleboro Memorial Hospital	Hospital Charge	\$113	\$109	\$55	\$117	\$58	\$153	\$190	\$462	\$462	\$344	N/A
Central Vermont Medical Center	Hospital Charge	\$218	\$185	\$94	\$121	\$107	\$0	\$0	\$156	\$235	\$0	\$69
Copley Hospital	Hospital Charge	\$84	\$83	\$61	\$88	\$79	\$0	\$112	\$135	\$135	\$234	\$0
University of Vermont Medical Center	Hospital Charge	\$111	\$234	\$94	\$278	\$80	\$64	\$76	\$231	\$231	N/A	\$75
§ Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$148	\$107	\$88	\$159	\$61	N/A	N/A	\$183	\$189	\$106	\$125
Mt. Ascutney Hospital	Hospital Charge	\$173	\$179	\$191	\$231	\$97	\$55	N/A	\$451	\$567	\$191	\$92
North Country Hospital	Hospital Charge	\$487	\$42	\$240	\$587	\$154	\$163	\$125	N/A	N/A	\$249	\$198
Northeastern Vermont Regional Hospital	Hospital Charge	\$199	\$130	\$88	\$199	\$108	\$66	\$0	\$233	\$233	\$217	\$30
Northwestern Medical Center	Hospital Charge	\$143	\$344	\$308	\$290	\$154	N/A	N/A	\$103	\$103	\$133	\$132
Porter Hospital	Hospital Charge	\$128	\$93	\$40	\$93	\$78	N/A	\$118	\$172	\$172	N/A	\$184
Rutland Regional Medical Center	Hospital Charge	\$242	\$210	\$115	\$242	\$120	N/A	\$85	\$210	\$235	\$338	\$156
Southwestern Vermont Medical Center	Hospital Charge	\$222	N/A	\$82	\$167	\$115	\$248	N/A	\$182	\$182	\$418	\$141
§ Springfield Hospital	Hospital Charge											
Hospital System Averages	Hospital Charge	\$189	\$156	\$121	\$214	\$101	\$94	\$88	\$229	\$249	\$223	\$109