

Immunization Coverage Under the Affordable Care Act

The Patient Protection and Affordable Care Act (PPACA, or ACA) requires non-grandfathered health plans to cover certain preventive services at no cost share (no copay, coinsurance, or deductible) for eligible members. This list of preventive services includes certain immunizations. Under the prescription drug benefit, plans may cover the COVID-19 vaccine, a core list of immunizations (i.e., flu, pneumonia, shingles) and/or an expanded list, which would also include vaccinations to prevent diseases such as hepatitis, chicken pox, and human papillomavirus (HPV). To find out whether your health plan is subject to ACA requirements and whether your health plan covers a core and/or expanded list of immunizations, call Serve You Rx customer service at **800-759-3203**.

Coverage of immunizations at no cost share requires:

- The plan to be non-grandfathered
- The vaccine to be administered at a network retail pharmacy
- The member to provide their member ID card to the pharmacy at the time of service

Certain coverage restrictions may apply to the immunization program, such as age limitations or limitations on number and frequency of fills. These restrictions are in accordance with the recommended immunization schedule issued by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). Additionally, not all of the vaccines listed in the table below are available at all network pharmacies. Contact your local network pharmacy to confirm which vaccines are available.

Below is a listing of the vaccines included in the core immunization program and additional vaccines included in the expanded immunization program.

IMMUNIZATION PROGRAM (COVID-19)

INDICATION	VACCINE	BRAND NAME(S)
COVID-19	SARS-CoV-2 mRNA bivalent	Moderna Inc. COVID-19 Vaccine, Pfizer-BioNTech COVID-19 Vaccine
	SARS-CoV-2 protein subunit	Novavax COVID-19 Vaccine

IMMUNIZATION PROGRAM (CORE)

INDICATION	VACCINE	BRAND NAME(S)
Flu	Influenza	Afluria Quad, Fludax Quad, Fluarix Quad, Flublok Quad, Flucelvax Quad, Flulaval Quad, Flumist Quad, Fluzone High-Dose Quad, Fluzone Quad
Pneumonia	Pneumococcal, PCV13	Pevnar 13
	Pneumococcal, PCV15	Vaxneuvance
	Pneumococcal, PCV20	Pevnar 20
	Pneumococcal, PPSV23	Pneumovax 23
Respiratory Syncytial Virus	RSV	Abrysvo, Arexvy, Beyfortus
Shingles	Zoster	Shingrix

IMMUNIZATION PROGRAM (EXPANDED)

INDICATION	VACCINE	BRAND NAME(S)
Chicken Pox	Varicella	Varivax
Dengue Disease	Yellow Fever Dengue	Dengvaxia
Haemophilus Influenza Type B	Hib	ActHIB, Hiberix, Pedvax HIB
Hepatitis	Hep A	Havrix, Vaqta
	Hep B	Engerix-B, Heplisav-B, Prehevrio, Recombivax HB
	Hep A/B	Twinrix
HPV-Related Cancers	Human Papillomavirus (HPV)	Gardasil 9
Measles, Mumps, Rubella	MMR	M-M-R II, Priorix
Measles, Mumps, Rubella, Varicella	MMRV	ProQuad
Meningitis	Meningococcal, MenB	Bexsero, Trumenba
	Meningococcal, MenACWY	Menactra, Menveo, MenQuadfi
	Meningococcal, MenABCWY	Penbraya
Polio	Poliovirus	IPOP
Rotavirus	Rotavirus	Rotarix, RotaTaq
Smallpox	Smallpox	ACAM2000
Smallpox, Monkeypox	Orthopoxviruses	Jynneos
Tetanus, Diphtheria	Td	TDVAX, Tenivac
	DT	Tetanus/Diphtheria Toxoids Absorbed
Tetanus, Diphtheria, Pertussis (Whooping Cough)	DTap	Daptacel, Infanrix
	Tdap	Adacel, Boostrix
Tetanus, Diphtheria, Pertussis, Polio	DTap/Polio	Kinrix, Quadracel
Tetanus, Diphtheria, Pertussis, Polio, Haemophilus B	DTap/Polio/Hib	Pentacel
Tetanus, Diphtheria, Pertussis, Polio, Hepatitis B	DTap/Polio/Hep B	Pediarix
Tetanus, Diphtheria, Pertussis, Polio, Haemophilus B, Hepatitis B	DTap/Polio/Hib/Hep B	Vaxelis
Tick-Borne Encephalitis	TBE	Ticovac

This document is meant to be a guide and may not contain a complete list of vaccinations. This list can change when new vaccines are introduced or based on updates to ACA or from the CDC ACIP.

For the most current information, or if you have additional questions, please call customer service at 800-759-3203 or visit [ServeYouRx.com](https://www.ServeYouRx.com).