

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, respiratory syncytial virus, 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	Comirnaty, mNexspike, Spikevax
	SARS-CoV-2 protein subunit	Nuvaxovid

IMMUNIZATION PROGRAM (CORE)

INDICATION	VACCINE	BRAND NAME(S)
Flu	Influenza	Afluria, Audenz, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, Flumist, Fluzone, Fluzone High-Dose
Pneumonia	Pneumococcal, PCV15	Vaxneuvance
	Pneumococcal, PCV20	Pevnar 20
	Pneumococcal, PCV21	Capvaxive
	Pneumococcal, PPSV23	Pneumovax 23
Respiratory Syncytial Virus	RSV	Abrysvo, Arexvy, Beyfortus, Enflonsia, Mresvia
Shingles	Zoster	Shingrix

IMMUNIZATION PROGRAM (EXPANDED)

INDICATION	VACCINE	BRAND NAME(S)
Chicken Pox	Varicella	Varivax
Chikungunya Virus (CHIKV)	Chikungunya	Vimkungya
Dengue Disease	Yellow Fever Dengue	Dengvaxia
Ebola	Zaire Ebolavirus	Ervebo
Haemophilus Influenza Type B	Hib	ActHIB, Hiberix, Pedvax HIB
Hepatitis	Hep A	Havrix, Vaqta
	Hep B	Engerix-B, Heplisav-B, Prehevbrio, 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	Menveo, MenQuadfi
	Meningococcal, MenABCWY	Penbraya, Penmenvy
Polio	Poliovirus	I POL
Rotavirus	Rotavirus	Rotarix, RotaTeq
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
Typhoid	Salmonella typhi	Vivotif

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.