



COVID-19 Vaccine Frequently Asked Questions

Coverage, benefits, medical information

For employer groups, brokers, and consultant partners
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COVID-19 Vaccine

Vaccine coverage

1. Is Blue Shield and Blue Shield Promise covering COVID-19 vaccines?

Blue Shield of California and Blue Shield Promise is covering FDA approved or emergency use authorized COVID-19 vaccines without cost sharing, consistent with the requirements of federal law, including the guidelines in the [Fourth Interim Final Rule](#) (effective Nov 2, 2020) issued by the US Departments of Labor, Treasury, and Health and Human Services.

This applies to both self-funded and fully insured plans. Self-funded plans are required to apply the same coverage that applies to any ACA-mandated preventive services. The coverage mandate for the vaccine does not apply to grandfathered plans, but those plans may choose to cover the vaccine without cost-sharing. For grandfathered plans that do not cover the vaccine without cost-sharing, vaccinations will still be available to enrollees without cost. Vaccine providers have other sources of funding for vaccine administration, and providers are prohibited from seeking reimbursement directly from individuals who are being vaccinated.

2. Is a COVID-19 vaccine booster covered?

Yes, Blue Shield is covering COVID-19 vaccines boosters and additional doses at no out-of-pocket cost to the member.

The FDA expanded use of booster doses of both, Moderna and Pfizer BioNTech COVID-19 vaccines to include all individuals 18 years of age and older for the Moderna vaccine and [individuals 16 years of age and older for the Pfizer BioNTech vaccine](#), at least six months after completion of the primary vaccination series of the Moderna COVID-19 Vaccine or Pfizer-BioNTech COVID-19 Vaccine or at least two months after completion of primary vaccination with the Janssen COVID-19 Vaccine.

3. What is the administrative cost for the COVID-19 vaccination and who is responsible for paying?

- a. The COVID-19 vaccine and vaccine administration are mandated to be covered as preventive services without cost-sharing or balance billing to the member (grandfathered plans are not subject to this mandate, but may opt to provide coverage). This includes multiple doses, if needed or required.
- b. This coverage applies to both in and out-of-network providers during the COVID-19 Public Health Emergency.
- c. Effective March 15, 2021 the reimbursement rate (paid to the provider) for each vaccine dose is \$40.00 whether the vaccine is a single or two-dose vaccine.
- d. The reimbursement rate or administrative fee (paid to the provider) for a booster dose is \$40
- e. Non-grandfathered self-funded plans are required to apply the same coverage that applies to any ACA mandated preventive vaccine.
- f. Blue Shield will cover the administration fee for the COVID-19 vaccine for commercial HMO plans.
- g. Once the public health emergency ends, plans may choose to limit coverage to in-network providers.

4. Will treatment for any vaccine related side-effects and adverse reactions be covered?

Treatment for vaccine-related side-effects and adverse reactions is a covered benefit under Blue Shield and Blue Shield Promise plans.

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About the vaccine

5. Which COVID-19 vaccines are currently available?

Three COVID-19 vaccines have been granted Emergency Use Authorization (EUA) or approval by the Food and Drug Administration (FDA).

- Pfizer – FDA approval for individuals 16 years of age or older; FDA EUA for individuals 5 through 15 years of age
- Moderna - FDA EUA for individuals 18 years of age and older
- Johnson & Johnson - FDA EUA for individuals 18 years of age and older

The Pfizer vaccine, named Comirnaty, is the first COVID-19 vaccine to receive full approval from the Food and Drug Administration (FDA) for people 16 years and older. It continues to have an Emergency Use Authorization (EUA) for children ages 12-15 and [for additional doses for those who are immunocompromised](#).

Other vaccines are also being developed and will be reviewed.

6. What does Emergency Use Authorization (EUA) mean?

The FDA ensures medical products are safe and effective for us to use. FDA approval can often be a long process. EUA helps the FDA provide faster access to medical products during a health emergency. It balances known risks and benefits to the public.

EUA helps when there are no other adequate, approved, and available options. EUAs may change as the FDA approves, clears, or licenses the medicines or treatments.

Learn more about EUAs on the [FDA's website](#).

7. How were the vaccines developed so quickly?

The speed to development of these vaccines may seem fast. But there were no cutting corners. The apparent speed comes from unprecedented worldwide collaboration between:

- Scientists
- Pharmaceutical companies
- New technologies

The U.S. government was able to help aid faster development, too. It worked closely with pharmaceutical companies and supported swift distribution efforts.

All vaccines come with side effects or some risk. But the FDA, in authorizing the Moderna, and Pfizer and Johnson & Johnson COVID-19 vaccines, concluded that their benefits outweighed their risks.

8. Are these vaccines safe?

Safety is a top priority. The [U.S. vaccine safety system](#) ensures that all COVID-19 vaccines are as safe as possible.

COVID-19 vaccines are carefully looked at in clinical trials with thousands of people. In each of these trials, people are closely checked for any health risks. Once the trial results indicate the vaccine is safe and effective, it can be authorized by the FDA.

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Checks on the vaccine will continue in the real-world setting. These can help researchers know if there might be very rare side effects or long-term risks not seen in trials.

California has formed a [Scientific Safety Review Workgroup](#) which will help ensure the COVID-19 vaccines meet safety requirements.

Please see [this fact sheet](#) with more details about the vaccines. Members can also [read this article](#) about safety and effectiveness.

9. Are these vaccines effective?

Each authorized vaccine has been found to be effective in protecting against COVID-19. What we know today is that these vaccines decrease:

- Risk of getting COVID-19,
- Severe illness or hospitalization as a result of COVID-19, and
- Death from COVID-19.

Compare that to the annual flu vaccine, which is between [40% and 60% effective](#) at reducing the risk of flu illness.

Bottom line: All three COVID-19 vaccinations resulted in:

- Extremely rare deaths from COVID-19
- Dramatically reduced hospitalizations from COVID-19

VACCINE	EFFICACY FROM CLINICAL TRIALS
Comirnaty (Pfizer)	91% effectiveness in preventing COVID-19 disease
Moderna	94% in clinical trials
Johnson & Johnson	85% at preventing severe illness after 28 days from single dose in clinical trials

10. How is effectiveness measured for the COVID-19 vaccines?

All authorized vaccines currently available in the United States have been found to be safe and effective. The relative differences in effectiveness results comes from multiple factors and cannot be used to directly compare the vaccines:

- a. Sample size - The number of people who took part in the clinical trials varied by vaccine.
- b. Location - Each vaccine was tested in different locations around the world.
- c. Timing - The Johnson & Johnson vaccine was tested later in the pandemic. During this time, new strains were becoming more common in certain parts of the world. Pfizer and Moderna vaccines were not initially tested against these strains, which seem to spread more easily and quickly.
- d. Metrics - Each of the clinical trials used a range of doses given at different times to measure effectiveness.

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11. Are the vaccines effective against the new COVID-19 strain?

All viruses change (mutate) over time. COVID-19 is no exception. Most mutations have little to no impact on how a virus behaves. They disappear over time.

Of the COVID-19 strains that have mutated, four have become the primary focus of health experts: "UK/Alpha," "South Africa/Beta," "Brazil/Gamma," and "India/Delta." The CDC and California Department of Public Health (CDPH) are tracking these new strains.

Even if vaccines are less effective against some variants, they are still worth getting. This is because they make infections less serious.

In other words, if an individual is vaccinated, but still get the virus, there is less risk of hospitalization or death.

Individuals should continue to follow the preventive measures recommended. These are also effective against the new variants:

- Getting the COVID-19 vaccine
- Staying home when sick
- Wearing a mask when leaving home, especially indoors
- Limiting interactions with people outside their immediate household
- Keeping a physical distance of at least six feet apart
- Washing hands for 20 seconds

12. What are the ingredients in the COVID-19 vaccine?

The ingredients in the Pfizer and Moderna vaccines include pieces of mRNA, lipids, salts, sugars, and buffers. These ingredients help make the solution stable as well as getting into cells where they need to be to work.

The Johnson & Johnson vaccine includes a common cold type of virus that has been modified so it cannot cause disease (the viral vector). This allows the genetic material placed inside the viral vector to create the spike proteins that then lead to making antibodies. As with the other vaccines, there are buffers and other ingredients to help make the solution stable.

None of the genetic material in the vaccines can result in changes to human DNA and it is broken down very quickly. They are only small pieces used to make the spike proteins.

These vaccines do not contain:

- Eggs,
- Preservatives, or
- Latex.

Members can find a full list of the ingredients for all the authorized COVID-19 vaccines at the CDC's website:

- [Information about the Pfizer vaccines](#)
- [Information about the Moderna vaccine](#)
- [Information about the Johnson & Johnson vaccine](#)

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13. How do the different COVID-19 vaccines work?

The Pfizer and Moderna vaccines are [messenger RNA \(mRNA\) vaccines](#).

The Johnson & Johnson Janssen vaccine and AstraZeneca vaccine (pending FDA Emergency Use Authorization) are a [viral vector vaccines](#).

All vaccines teach our own cells how to make a protein or parts of a protein from the target virus which trigger an immune response in the body. The immune response is what produces antibodies and protects us from developing an infection if the real virus enters our bodies.

mRNA vaccines use a laboratory created coating that carries a piece of the target virus (spike protein) into cells. Viral vector vaccines use another harmless type of virus to get a small part (spike protein) of the target virus into cells (the vector).

The vector viruses are stripped of genes that could allow them to reproduce or cause harm. Parts of the genes from the target virus with either type of vaccine are inserted to make the proteins that cause the immune response. Neither the vector nor the inserted target genes are a complete virus and neither can cause harm from the parts used.

In both cases, the target virus genetic material never gets into the cell nucleus. The main difference is just how the target genetic material gets into the cells. Neither approach can cause disease or change the DNA of the person being vaccinated.

Members can learn more on the Centers for Disease Control and Prevention (CDC) website [here](#).

14. How is the Johnson & Johnson vaccine different from the mRNA vaccines?

Unlike the Pfizer and Moderna vaccines, which are mRNA vaccines, the Johnson and Johnson vaccine:

- Is a single-dose vaccine,
- Can be stored in a standard refrigerator,
- Offers faster protection,
- Uses viral vector technology (uses a common cold type of virus that has been modified so it cannot cause disease to carry genetic material into cells that then leads to the cell making antibodies to fight infection)

This means this particular vaccine can be distributed to more people, more quickly. In turn, this may help us get to herd immunity faster.

15. Are there any side effects of the COVID-19 vaccines?

Yes. Side effects are normal with most vaccines and are usually mild. Reported side effects include:

- Fatigue
- Fever
- Chills
- Headache
- Muscle aches
- Joint pain
- Pain at the injection site
- Nausea

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These symptoms are signs that the body is building immunity. They may be uncomfortable. The good news is these side effects don't last long.

[Severe allergic reactions](#) to the COVID-19 vaccines are extremely rare and have not resulted in any deaths.

If individuals received a Johnson & Johnson vaccine in the past three weeks, they should also watch for these rare blood clot symptoms. These include:

- severe or persistent headache or blurred vision
- persistent abdominal pain
- leg pain or swelling
- chest pain
- shortness of breath
- easy bruising or tiny blood spots under the skin beyond the site of the injection

If individuals develop any of the above symptoms after receiving the Johnson & Johnson vaccine, they should contact their healthcare provider right away.

16. How many COVID-19 vaccine doses are needed?

This varies by vaccine.

- Comirnaty (Pfizer): 2 doses, 21 days apart
- Moderna: 2 doses, 28 days apart
- Johnson & Johnson: 1 dose

If individuals skip the second shot of the two-dose vaccines, they will not have the full protection that the vaccine offers. It is important to get both shots for Pfizer and Moderna to be fully protected.

17. Do members have to go back to the same location to get a second dose of the vaccine?

It is preferred that members return to the same provider that gave them the first dose. However, this may not always be possible. For example, long-term care residents may have received their first vaccine in the facility but then get discharged. In this case, they can go to another location that provides the same type of vaccine they first received. The type of vaccine they received is listed in their Medical Record or on the immunization card given after the first shot.

Also, the California Immunization Registry allows providers to check which vaccine individuals received for their first dose. This can help ensure individuals receive the same vaccine for the second dose.

Members may also receive a reminder card for their follow-up dose. Members should keep this card handy as it should also include the type of vaccine they received. Members can also take a photo of this card so they have it in case they lose the card.

18. Can members mix vaccines? For example, if members get the Pfizer vaccine for their first dose, can they get the Moderna vaccine for the second dose?

No, this is not recommended. It's better that the member get the first and second doses from the same manufacturer. To ensure this happens, it's best to go back to the location where the member got their first vaccine if they can.

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If the member must go to a different location, the California Immunization Registry allows providers to check which vaccine the member received for the first dose if needed.

19. Why should members get the vaccine?

In a single year, COVID-19 became a leading cause of death in the United States. The vaccines are 100% effective at preventing death from COVID-19.

The risks from getting the vaccine are far less than getting sick from COVID-19.

Getting the vaccine will help protect members and their loved ones from the risk of getting COVID-19.

The more people who get vaccinated, the easier it is to return to “normal” daily life.

The pandemic has also had major impacts to local and national economies. Getting vaccinated is the first step to ending the pandemic. It puts us on the road to faster economic recovery.

Learn more about the [benefits of vaccination](#) from the Centers for Disease Control and Prevention (CDC).

Availability and eligibility

20. When will members be able to receive the COVID-19 vaccine?

As of November 4, 2021 California has expanded eligibility for COVID-19 vaccines to now include kids between the ages of 5 and 12 in addition to the previously eligible age group 12 years and older.

Although eligibility is now open, supply may still vary by provider.

You can check to find a vaccine appointment on My Turn, your county or local site, or at other locations like pharmacies.

21. How can members get the COVID-19 vaccine?

In most cases, members will need to make an appointment to get vaccinated. However, some locations are offering drop-in/walk-up appointments, but this varies by provider and county. Members can check their local public health department for more details.

22. How can members schedule an appointment?

Members have the options below or can visit our [Where to get a vaccine page](#). This has information on additional locations and websites to help members find a vaccination site and schedule an appointment.

My Turn:

California's My Turn system allows individuals to find a vaccine appointment in two ways:

- Online at My Turn. Individuals can search for appointments or sign up to be notified when more appointments open up. The state is updating this site regularly with new providers, locations, and appointments. The My Turn website is accessible to people with disabilities and in eight languages: English, Spanish, simplified and traditional Chinese, Arabic, Tagalog, Vietnamese, and Korean.
- Calling the COVID-19 state hotline at (833) 422-4255 or 833-4CA-4ALL). If individuals don't have internet or a mobile phone that can accept text messages, they will

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need to call the hotline. It is accessible to people with disabilities and offers services in English and Spanish, with connections to interpretive services in more than 250 languages.

If individuals have high-risk medical condition or disability, they will be able to request accommodations that may be needed, like special hours or extra time at their vaccine site through My Turn.

Learn more about [My Turn](#).

Healthcare provider

Individuals may have already been contacted by their primary doctor to schedule a vaccine appointment if they have high-risk medical condition or disability. We recommend members to try to get the vaccine through their primary doctor first. Providers may also have mass vaccination clinics available.

Local pharmacies

Local pharmacies may have vaccines and appointments available. [See a list of pharmacies in California](#).

County or local health department's website

These will continue to have information about how, when, and where to get a vaccine in a respective area.

Community pop-up clinics

Pop-up clinics rolled out in mid-March in for people with high-risk medical conditions and disabilities. Many of these will be in specific areas throughout the state that can reach the most affected. Community partners will be contacting people eligible to be vaccinated at their clinics directly.

Don't forget to schedule a second dose appointment, if needed.

If an individual gets a Pfizer or Moderna vaccine, they will need to get a second dose. Note: Johnson & Johnson vaccines only need one appointment for a single shot.

Timeframes for second-dose vaccines will be based on which vaccine is available at the provider.

- 21-day window for Pfizer
- 28-day window for Moderna

23. Can Blue Shield help members schedule a vaccine appointment?

We recommend that members call the COVID-19 state hotline at (833) 422-4255 or 833-4CA-4ALL or use My Turn for help with scheduling an appointment.

The hotline is accessible to people with disabilities and offers services in English and Spanish, with connections to interpretive services in more than 250 languages.

24. How can members help their senior or disabled family member get an appointment?

Members can sign up or schedule an appointment on behalf of their senior or disabled family member on My Turn. They can use the same email address to assist their family members and friends.

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Also, members can call and speak to their healthcare provider or a pharmacy to schedule an appointment on behalf of their senior or disabled family member.

25. Do individuals get to choose which vaccine they get?

It depends. Vaccine supplies will be distributed based on how the provider can store the vaccine. Individuals may not be able to choose at all locations. At some sites, only one type of vaccine may be available.

Individuals can check with their healthcare or vaccine provider to learn which vaccine they are using. They should not delay their vaccine just to wait for one specific type if it's not medically necessary. All options protect against severe illness, hospitalization, and death from COVID-19.

Also, remember, it's recommended that individuals get the first and second doses from the same manufacturer if there are no health concerns (allergic reaction, etc.).

26. Will members need to verify they have a high-risk medical condition or disability when they go to their vaccine appointment?

No. To protect confidentiality, verification documentation of the diagnosis or type of disability is not required. Everyone 5 years and older is now eligible to get vaccinated without preference or regard to any other circumstances. Appointments for 5-12 year old are now available.

27. Do the vaccine providers need parental consent before administering the COVID-19 vaccine to a minor?

Yes. Vaccine providers must obtain consent from a parent, legal guardian, or other adult having legal custody before vaccinating a minor. But there are some exceptions:

- [Emancipated minors](#) do not need the consent of a parent or guardian to receive COVID-19 vaccine.
- Providers may accept written consent from a parent or legal guardian of an unaccompanied minor.
- If a provider has a written authorization for general medical care of a minor on file, a separate consent from a parent or guardian is not required. However, the provider may still request it.

If the parent/legal guardian is accompanying the minor to the vaccine appointment, they can provide consent on-site.

28. Are there certain groups that should not get the COVID-19 vaccine?

Yes. There are certain groups that should not get any of these vaccines. These include children 4 years and younger. People who are sick should wait until they are well to get vaccinated.

Some people should avoid specific vaccines due to allergies and certain specific medication conditions.

If the individual is currently sick or has COVID-19.

If the member has a moderate to severe illness or is feeling sick, they should likely wait to get vaccinated.

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The CDC [recommends](#):

- If individual tested positive, had only mild symptoms, and was not treated for the coronavirus, they should wait at least 10 days since the start of COVID-19 symptoms and satisfy the criteria to discontinue isolation before getting the COVID-19 vaccine.
- Wait 90 days to get the vaccine if an individual recovered from a COVID-19 infection and was treated with monoclonal antibodies or convalescent plasma.

Children

The Pfizer vaccine has been authorized for use with children 12 years and older. Appointments are now available. Only the Pfizer vaccine is authorized for use in children between the ages of 12 and 17. At this time, children 11 years and younger should not get the vaccine. The Moderna and Johnson & Johnson vaccines are currently only authorized for use in adults (18 and older). Clinical trials are ongoing for children 11 years and younger, and they will be included if the vaccines are shown to be safe and effective.

VACCINE	MINIMUM AGE
Pfizer	12
Moderna	18
Johnson & Johnson	18

Allergies

According to the CDC, individuals should talk with a doctor first before getting a COVID-19 vaccine if they:

- Have severe allergies not related to vaccines or injections, or carry an epinephrine (Epi-Pen, Auvi-Q, etc.) injector. For example, if they have:
 - A family history of severe allergic reactions
 - A history of allergies to oral medications
 - Milder allergy to vaccines
 - Have had a severe allergic reaction to other vaccines or injections
 - Have had a severe [allergic reaction](#) (anaphylaxis) or an immediate allergic reaction (within 4 hours of receiving vaccine) – even if not severe – to any ingredients in any of the COVID-19 vaccines in the past, they should discuss with their doctor if they should get a different approved vaccine. For example:
 - If they are allergic to polyethylene glycol (PEG), they should not get an mRNA COVID-19 vaccine (Pfizer or Moderna). Members should ask their doctor if they can get the Johnson & Johnson vaccine.
 - If they are allergic to polysorbate, they should not get the Johnson & Johnson vaccine. Members should ask their doctor if they can get an mRNA COVID-19 vaccine.
 - Have a severe or an immediate allergic reaction – even if not severe – after the first dose, they should not get the second dose of the same vaccine. A doctor can discuss options. The individual may still be able to get a vaccine, depending on their specific case.
- [See Pfizer's fact sheet and ingredients](#)
 - [See Moderna's fact sheet and ingredients](#)
 - [See Johnson & Johnson's fact sheet and ingredients](#)

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Specific Medical Conditions

Learn more about vaccine considerations for [people with underlying medical conditions, such as people who :](#)

- Have a weakened immune system
- Have an autoimmune condition
- Have previously had Guillain-Barre syndrome
- Have previously had Bell's palsy

Additionally, if individuals are planning to get the Johnson and Johnson COVID-19 vaccine, they should inform the vaccination provider if they have a bleeding disorder or are on a blood thinner.

29. Can pregnant or breastfeeding women be vaccinated against COVID-19?

Yes. Pregnant women have a higher risk for complications from COVID-19. There are no study results available yet on the safety of COVID-19 vaccines in pregnant women. However, experts believe that the vaccines are unlikely to pose a risk to the woman or the fetus. If an individual is [pregnant or breastfeeding](#), they should talk with a doctor about their risk of COVID-19 and how they might benefit from the vaccine. [Read these FAQs](#) from the state if pregnant or breastfeeding.

30. Should members who have already gotten COVID-19 get the vaccine?

Yes. At this time, we do not know how long someone is protected from getting sick again after recovering from COVID-19.

The CDC [recommends](#):

- If the individual tested positive, had only mild symptoms, and was not treated for the coronavirus, they should wait at least 10 days since the start of COVID-19 symptoms and satisfy the criteria to discontinue isolation before getting the COVID-19 vaccine.
- Wait 90 days to get the vaccine if an individual recovered from a COVID-19 infection and was treated with monoclonal antibodies or convalescent plasma.

31. Can individuals get the COVID-19 vaccine at the same time as other vaccines?

According to the CDC, individuals no longer have to wait to get another vaccine, such as the flu shot. Individuals may be allowed to get the vaccines at the same time. If there are any concerns about side effects or interactions with other vaccines, individuals should discuss with their doctor.

32. Can members get vaccinated outside of the state?

California residents

Yes. During the public health emergency, members who reside in California may get vaccinated in other states.

Residents in other states

Members who reside in other states may receive vaccines in their state. Members can check their state, county, or local public health resources for details. They can also go to [Vaccines.gov](#) for information about where to get a vaccine in each state.

Find out [where you can get a vaccine](#).

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What to expect when getting the vaccine

33. What should members expect at their appointment?

Members will need to check in and may be asked for a form of identification to match the name on the appointment.

Be prepared to wait around after.

When individuals get vaccinated, they may need to wait for about 15-30 minutes after getting the shot. This helps the healthcare team see if they have any bad reaction to it. If they have an underlying medical condition, or have allergies, they should notify the on-site staff so that they can observe the individual for at least 30 minutes.

Members should ask for their vaccination card or printout afterward. This will tell them:

- What COVID-19 vaccine was received
- The date received
- Where it was received

This card can serve as proof or verification that the member received the COVID-19 vaccine.

Tip: Members can a picture of this card or printout so they have a copy in case they lose it.

The CDC has info on [what to expect at your appointment](#).

34. What should the member do if they feel like they're having symptoms prior to the appointment?

If the member feels they may have COVID-19 symptoms prior to their appointment, they should postpone their appointment. Reschedule it when they have recovered from their illness and have met the criteria for ending isolation.

If they have COVID-19 but don't have symptoms, they should also wait until they meet the [criteria](#) before getting the vaccine.

This guidance also applies to people who get COVID-19 before getting their second dose of vaccine.

The CDC [recommends](#):

- If an individual tested positive, had only mild symptoms, and was not treated for the coronavirus, they should wait at least 10 days since the start of COVID-19 symptoms and satisfy criteria to discontinue isolation before getting the COVID-19 vaccine.
- Wait 90 days to get the vaccine if the individual recovered from a COVID-19 infection and was treated with monoclonal antibodies or convalescent plasma.

35. How can members who are homebound or unable to travel to a vaccination site get a COVID-19 vaccine?

Homebound patients should check with their healthcare provider first. If their provider is unable to help, they should check with their local health department or local pharmacy.

Also, the state has launched an **At-Home Vaccination** program. These services are expanding statewide. If individuals cannot leave their home to get vaccinated, they

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can indicate this when registering on [My Turn](#) or when calling the state's COVID-19 hotline at [\(833\) 422-4255](#). If eligible, they will be connected with their local health jurisdiction to arrange for in-home vaccination services

36. I need help getting to the vaccine site. What resources are available to me?

There are a few free transportation services available to the member depending on their health plan. If the member has a Medicare Advantage, Medi-Cal, or Cal MediConnect plan, see below as they may be eligible for transportation services through your plan.

For all members

The state is providing free transportation to vaccine appointments through [My Turn](#) or by calling the state's COVID-19 hotline at [\(833\) 422-4255](#).

Transportation options include automobile transportation for patients who don't need mobility support. Non-emergency medical transportation is available for patients who need mobility support.

Whether the individual needs mobility support (wheelchair, gurney, etc.) or not, there are options:

- Automobile transportation
- Non-emergency medical transportation for patients who need mobility support

For other options or if the member has a different plan other than those noted below, they should check with their healthcare provider, local health department, or local pharmacy.

For Medicare Advantage, Medi-Cal and Cal MediConnect members

Some Blue Shield Medicare Advantage plans, as well as Blue Shield Promise Medi-Cal and Cal MediConnect plans, may have access to transportation benefits. Members should refer to their *Evidence of Coverage* for benefit information. Or, call Customer Care at the number on your member ID card.

If a member's plan comes with this benefit, it includes roundtrip transportation to get the COVID-19 vaccine. Transportation services are available 24/7. It can only be used for appointment drop-off and pick-up. It cannot be used for drive-through vaccination clinics. Members should try to schedule their ride 24 hours in advance.

To schedule a pickup:

- Eligible Blue Shield Medicare Advantage plans: Call [\(855\) 200-7544](#) (TTY:711)
- Blue Shield Promise Medi-Cal and Cal MediConnect plans: Call [\(877\) 433-2178](#) (TTY: 711)

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37. Will vaccine sites be accessible?

All vaccine clinics in California are required to ensure sites and services are accessible in accordance with the ADA (Americans with Disabilities Act) requirements.

What to expect after getting the vaccine

38. What should the member expect after getting the vaccine?

Chances are individuals will have some side effects after getting the vaccine. These are normal signs that the body is building protection. Side effects are normal with any vaccine. They should go away in a few days.

According to the CDC, common side effects on the arm where an individual got the shot include:

- Pain
- Redness
- Swelling

Common side effects throughout the rest of the body include:

- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

Members should talk to their doctor about taking over-the-counter medicine for any pain and discomfort they may experience after getting vaccinated. These may include ibuprofen, acetaminophen, aspirin, or antihistamines.

It is not recommended to take these medicines before vaccination for the purpose of trying to prevent side effects.

To reduce pain and discomfort where the individual got the shot, the CDC recommends to:

- Apply a clear, cool, wet washcloth over the area
- Use or exercise the arm

In addition, to reduce discomfort from fever, if the individual has one, they should drink plenty of fluids and dress lightly.

If the member has experienced a side effect after COVID-19 vaccination, they can report it to:

- [VAERS](#) (Vaccine Adverse Event Reporting System)
- [V-safe](#) (After Vaccination Health Checker)

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39. If the member received a Johnson & Johnson vaccine, what do they need to know?

If the individual received their vaccine more than 3 weeks ago and have not had any of the symptoms noted below, they do not need to worry.

If the individual has had a Johnson & Johnson vaccine in the past three weeks, they should watch for these rare blood clot symptoms. These include:

- severe or constant headache or blurred vision
- constant abdominal pain
- leg pain or swelling
- shortness of breath
- chest pain
- easy bruising or tiny blood spots under the skin beyond the site of the injection.

If an individual develops any of the above symptoms after receiving the Johnson & Johnson vaccine, they should contact their healthcare provider right away.

40. When should the member call a doctor?

In most cases, discomfort from pain or fever is a normal sign that the body is building protection. Members should contact their doctor or healthcare provider:

- If the redness or tenderness where the individual got the shot gets worse after 24 hours
- If the side effects are worrying the individual or do not seem to be going away after a few days

If the individual gets a COVID-19 vaccine and thinks they might be having a severe allergic reaction (anaphylaxis) after leaving the vaccination site, they should seek immediate medical care by calling 911.

[See this handout](#) for details about what to expect after getting the vaccine.

If an individual got a Johnson & Johnson vaccine in the past three weeks and developed any of the above symptoms of a blood clot, they should contact their healthcare provider right away.

41. What should the member do if they think they are having an allergic reaction?

If the individual gets a COVID-19 vaccine and thinks they might be having a severe allergic reaction after leaving the vaccination provider site, they should seek immediate medical care by calling 911.

An allergic reaction is considered severe when a person needs to be treated with epinephrine or EpiPen® or if they must go to the hospital.

An immediate allergic reaction means a reaction within 4 hours of getting vaccinated, including symptoms such as:

- Hives or rash all over the body
- Swelling of the face and throat
- Difficulty breathing
- Fast heartbeat

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- Dizziness and weakness

If the allergic reaction – severe or not – was after an mRNA COVID-19 vaccine (Pfizer and Moderna), the individual should not get a second shot of either of these vaccines. They should ask their doctor about their options.

Visit the CDC's site to learn more about [allergic reactions after a vaccine](#).

Learn about [getting a different type of vaccine after an allergic reaction](#).

42. Why does the member have a rash several days or weeks since getting the vaccine?

The CDC has learned of reports that some people have experienced a red, itchy, swollen, or painful rash where they got the shot.

These rashes can start a few days to more than a week after the first shot and are sometimes quite large. They are also known as “COVID arm.”

If the individual experiences “COVID arm” after getting the first shot of the Pfizer or Moderna vaccine, they should still get the second shot at the recommended interval.

They should tell the vaccination provider that they experienced a rash or “COVID arm” after the first shot. They may recommend that the individual get the second shot in the opposite arm.

If the rash is itchy, individuals can take an antihistamine. If it is painful, they can take a pain medication like acetaminophen or a non-steroidal anti-inflammatory drug (NSAID) like ibuprofen.

43. What should the member do if they are vaccinated, but have COVID-19 symptoms?

In the rare instance that the individual catches the virus after getting the vaccine, and is experiencing COVID-19 symptoms, they should contact their doctor. They may recommend the individual to get a COVID-19 test.

If the individual has COVID-19, they should continue to follow current guidance to protect themselves and others.

[See guidance from CDC for if you are sick](#)

[See guidance from CDC for when you can be around others after recovery](#)

44. What should the member do if they are vaccinated, but have been exposed to someone with COVID-19?

Vaccinated people who have been exposed to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria, according to the CDC:

- Are fully vaccinated. This means:
 - Two weeks or more since getting the second dose in a two-dose series.
 - Two weeks or more since getting one dose of a single-dose vaccine.
- Are within three months of getting the last dose in the series.

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- Have had no symptoms since the exposure.

People who do not meet all three of the above criteria should quarantine and follow current [quarantine guidance](#).

Fully vaccinated people who do not need to quarantine should still watch for [symptoms of COVID-19](#) for 14 days following an exposure.

45. How long does it take to be protected after vaccination?

Protection from the vaccines is not immediate and varies by type. In most cases, it will take two weeks following the full dose to get the most protection the vaccine can offer.

As the Johnson & Johnson vaccine is a single shot, it provides the quickest protection. For the two-dose Pfizer and Moderna vaccines, some protection begins building after the first shot (about 50% effectiveness two weeks after first dose). But individuals will get the most protection one to two weeks following the second dose.

Vaccine timing for full protection:

Comirnaty (Pfizer): Full protection 5 weeks after first dose, 3 weeks between doses

Moderna: Full protection 6 weeks after first dose, 4 weeks between doses

Johnson & Johnson: 5 weeks after first and only dose, no waiting period for second dose.

46. Are members required to remember the manufacturer of their first COVID-19 vaccine to ensure the second is from the same manufacturer?

No. Providers will have access to a vaccine registry to ensure members get the proper vaccine for the second dose.

47. What if members miss their appointment for the second dose? Does timing matter?

Members should get their second dose as close to the three to four week waiting period as possible. This will help ensure members get the best protection possible.

48. What are key things to know after being fully vaccinated?

COVID-19 vaccines are effective at preventing COVID-19 disease, especially severe illness, and death.

However, we're still learning:

- How long the protection from the vaccines last.
- How effective the vaccines are against variants of the virus. Early data shows the vaccines may work well against some variants but could be less effective against others.
- How well the vaccines protect people with weakened immune systems, including people who take immunosuppressive medications.

If individuals have a condition or are taking medications that weaken their immune system, they may NOT be fully protected even if they are fully vaccinated. These individuals should talk to their healthcare provider. Even after vaccination, they may need to continue taking all precautions.

49. What are individuals allowed to do after being fully vaccinated?

Remember, it takes two weeks after the second dose (or first dose of the Johnson & Johnson vaccine) to be fully vaccinated. At that time, according to the CDC, individuals can resume activities without wearing a mask or physically distancing, except where

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required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

Please note: If the individual lives in a group setting (like a correctional or detention facility or group home) and is around someone who has COVID-19, they should still stay away from others for 14 days and get tested, even if they don't have symptoms.

50. What changed after California's June 15 reopening?

The State of California aligned with CDC guidance that says restaurants, bars, gyms, stores, etc can open with no capacity limits, and no requirements to physically distance if they choose. Local health jurisdictions and businesses can still choose to require masks or enforce capacity limits.

Indoor events with over 5,000 people and outdoor events with over 10,000 people may require masks and attendees to show either verification of vaccination or a pre-entry negative COVID-19 test.

51. Can individuals travel after being fully vaccinated?

For domestic travel, if an individual is fully vaccinated:

- They will have to wear a mask at the transportation hub and during transportation.
- They can travel within the United States without getting a COVID-19 test before or after, unless required by local, state, or tribal health authorities. For example, Hawaii has some testing requirements still in place.
- They will not have to quarantine after their trip.

For international travel, even if they are fully vaccinated:

The individual needs to pay close attention to the situation at their international destination before traveling outside the United States.

- They will have to wear a mask at the transportation hub and during transportation.
- They do NOT need to get tested before leaving the United States unless the destination requires it.
- They still need to show a negative test result or documentation of recovery from COVID-19 before boarding a flight to the United States.
- They should still get tested 3-5 days after international travel.
- They do NOT need to self-quarantine after arriving in the United States.

52. Is wearing a mask still advised after getting the COVID-19 vaccine?

With the emergence of more contagious variants, guidance on masks may change based on transmission rates and trends. Federal, state, and local requirements may differ, so be sure to [check county websites](#) for up-to-date mask guidance.

[See the CDC's mask guidance](#)

[See the State's mask guidance](#)

If an individual is not vaccinated, they still need to wear a mask in both indoor and outdoor settings.

53. When fully vaccinated, do individuals still need to be extra cautious?

Even if fully vaccinated:

- They will still need to follow guidance at their workplace and other establishments that they visit.

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- If they travel, they should still take precautions.
- They should still watch out for [symptoms of COVID-19](#), especially if they've been around someone who is sick. If they have symptoms of COVID-19, they should get tested and stay home and away from others.
- People who have a condition or are taking medications that weaken the immune system, should talk to their healthcare provider to discuss their activities. They may need to keep taking all precautions to prevent COVID-19.

Learn about [other FAQs about the COVID-19 vaccine](#) from the CDC.

Booster shots

54. What is Blue Shield's position on the COVID-19 booster shots?

Blue Shield of California and Blue Shield Promise is covering FDA approved or emergency use authorized (EUA) COVID-19 vaccines (including boosters or additional doses) without cost sharing, consistent with the requirements of federal law. As approval or EUA is granted for different groups of individuals, we will update and align our coverage policies in accordance to guidance from the FDA and CDC.

55. Is a COVID-19 vaccine booster covered?

Yes, Blue Shield is covering COVID-19 vaccines boosters and additional doses at no out-of-pocket cost to the member.

The FDA expanded use of booster doses of both, Moderna and Pfizer BioNTech COVID-19 vaccines to include all individuals 18 years of age and older for the Moderna vaccine and [individuals 16 years of age and older for the Pfizer BioNTech vaccine](#), at least six months after completion of the primary vaccination series of the Moderna COVID-19 Vaccine or Pfizer-BioNTech COVID-19 Vaccine or at least two months after completion of primary vaccination with the Janssen COVID-19 Vaccine.

56. What's the difference between the booster shot and the additional dose?

They are basically the same. Additional doses are given to “boost” the immune response from the vaccine. Some people with weakened immune systems may need a boost just to get a response that normal people get from the regular dose. Others may need a boost due to the effectiveness of the vaccine lessening over time.

57. How will individuals who become eligible for a COVID-19 booster shot or additional dose be able to schedule an appointment?

When members become eligible to receive the booster shots, they will be able to schedule appointments through My Turn, their healthcare provider, local pharmacies, or community pop-up clinics as has been the case with dose 1 and dose 2 of the vaccine. Please see FAQ #22 for more details on options to schedule an appointment.

Vaccine support for employers

58. How are Blue Shield and Blue Shield Promise communicating to members on the availability of COVID-19 vaccine and how they can get vaccinated?

Blue Shield of California is ensuring our members are informed with the latest information on the COVID-19 vaccine through a dedicated member resource web page that provides information about vaccine eligibility and locations administering vaccines. The [primary web resource](#) is amplified through email and/or direct mail touchpoints.

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59. Can I mandate vaccinations as an employer? How should I, as an employer, handle maximizing vaccinations to either ensure the safety of my employees already back to work or get my employees back to work as quickly as possible?

Employers should consult with their internal and external legal teams regarding these types of questions and compliance with state and federal regulatory guidelines for work performance mandates, tracking health/vaccinations, and implementing safety in the workplace. Blue Shield cannot provide employers with legal or compliance advice regarding employment practices.

60. How do I effectively and legally confirm my employees have been vaccinated for COVID-19 including all recommended dosages?

Employers should comply with state and federal guidelines on privacy and seek guidance from their legal and privacy advisors. Blue Shield cannot provide employers with legal or compliance advice regarding employment practices.

61. Is Blue Shield assisting employers with on-site vaccinations?

The California Department of Public Health (CDPH) has developed a [vaccination Toolkit](#) which outlines a process for employers to request an onsite clinic or a group vaccination event for their employees through a state-approved provider.

62. How will Blue Shield be supporting employers with getting their workforce vaccinated?

Blue Shield of California is encouraging its members and employees to get the vaccine when they are eligible, including targeted communications to employers and employees as they become eligible for vaccinations. We have published [articles](#) to address how employers can integrate [vaccine guidelines](#) into their workforce policies. Employers are directed to our dedicated COVID-19 [web resource](#) which provides tools and information to prepare their workforce for vaccinations.

63. What does the Biden guidance on vaccine and testing requirements for employees entail?

On September 9, the [White House announced a COVID-19 action plan](#) which outlines requirements for certain workforces intended to increase vaccination rates to decrease the spread of COVID-19 and require testing for those who are unvaccinated. The requirements which the Occupational Safety and Health Administration (OSHA) enforced:

- Requirement for employers with a workforce of 100 or more employees to get vaccinated or get tested once a week if unvaccinated
- Vaccine requirement for all federal workers and millions of federal contractors.
- Vaccine requirement for health care workers at Medicare and Medicaid participating hospitals and other health care settings

On Thursday, January 13, 2022, the Supreme Court blocked the Biden Administration's rule requiring testing, vaccinations, and wearing masks. This does not impact the vaccine requirement for health care workers.

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Online resources

Blue Shield resources

- [Employer and Broker COVID-19 resource page](#)
- [Blue Shield News Center](#)
- [Member COVID-19 resource page](#)
- [Member Vaccine FAQs](#)
- [4 things to know about the COVID-19 vaccine flyer](#)

Government resources

- [CDC Coronavirus updates page](#)
- [CDC COVID-19 Vaccination Resources](#)
- [California Department of Public Health COVID-19 Vaccine Resources](#)

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