

Immunizations and Vaccinations

Benefit Coverage

Benefits for pediatric and adult immunizations, vaccinations, and immunizing agents are provided based on Blue Shield's Preventive Health Guidelines. The guidelines regarding immunizations and vaccinations are derived from the most recent recommendations of the American Academy of Pediatrics and United States Public Health Service through its U.S. Preventive Services Task Force and/or under the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) including their frequency and patient age recommendations.

To view the guidelines, log on to Provider Connection at blueshieldca.com/provider and click on the *Guidelines & Resources* tab at the top. Next, click on *Guidelines and Standards*, then *Preventive Health Guidelines*.

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments.

Immunizations and Vaccinations

Examples of Covered Vaccinations

Vaccinations that are recommended by the American Academy of Pediatrics or the United States Public Health Service through its U.S. Preventive Services Task Force and/or under the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC).

Note: This is not a comprehensive list of vaccines covered by Blue Shield.

- Pediatrix (a combination of DTaP, IPV, and HepB)
- Diphtheria, Tetanus, Pertussis (DTaP) vaccination
- Haemophilus influenzae type b4
- Influenza vaccination (seasonal)
- HPV Gardasil (Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine
- Varicella (Chickenpox) (Var) vaccination
- Polio vaccination (IPV)
- Measles, Mumps, Rubella (MMR) vaccination
- Rotavirus (RV) vaccination
- Tetanus and diphtheria booster (Td)
- Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap)
- Pneumococcal vaccination (Pevnar-13)
- Meningitis vaccination (MCV4)
- Zoster (shingles)

Immunizations and Vaccinations

Examples of Non-Covered Vaccinations

- Vaccinations that are not recommended by the American Academy of Pediatrics or the United States Public Health Service through its U.S. Preventive Services Task Force and/or under the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC).
- Immunizations and vaccinations by any mode of administration (oral, injection or otherwise) solely for the purpose of travel. This applies to employer groups, Individual Family Plan (IFP) members, and FEHBP members (this exclusion does not apply to CalPERS). Please see the *Evidence of Coverage* for details.
- Anthrax Vaccination
- Smallpox Vaccination

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

Advisory Committee on Immunizations Practices (ACIP)

US Preventive Services Task Force, Guide to Clinical Preventive Services; 2nd edition, Baltimore: Williams & Wilkins, 1996

American Academy of Pediatrics (AAP)

California Code of Regulations, Title 10, Section 1300.67 (f) (5)

Centers for Disease Control (CDC)

HMO Benefit Guidelines for:

Preventive Health Services

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Blue Shield of California
HMO Benefit Guidelines

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