# Vaccine Coverage Medicare Part B and Part D

Vaccines are an essential part of maintaining a healthy life and providing a protective boost against infection. Here at Excellus BlueCross BlueShield, we recognize the challenges of knowing where to go for your vaccine or how a vaccine is covered under your Medicare benefit. *We are here to help!* 



## **MEDICARE PART B (Medical)**

covers select vaccines (see list below) and the administration fees for those vaccines.

#### Member's responsibility:

- \$0 copay for flu, hepatitis B, COVID-19, and pneumococcal<sup>1</sup>
- 20% coinsurance for tetanus and rabies vaccines<sup>1</sup>



#### **MEDICARE PART D (Pharmacy)**

covers Part D vaccines recommended for adults by the Advisory Committee on Immunization Practices (ACIP).

#### Member's responsibility:

• \$0 copay for covered adult Part D vaccines

# WHAT VACCINES ARE COVERED?

### **MEDICARE PART B**

- Influenza vaccine (Flu)
- Pneumococcal vaccine (Pneumovax 23, Prevnar 13)
- COVID -19
- Hepatitis B vaccine for members at moderate to high risk (Recombivax HB, Engerix-B)
- Other vaccines (for treatment of an injury or direct exposure to a disease or condition) such as:
  - Tetanus vaccine (Adacel, Boostrix)
  - Rabies virus vaccine (RabAvert, Imovax Rabies)

Please note - A vaccine could have several trade names, e.g. Pneumovax 23 and Prevnar 13. Coverage exists if there are multiple trade names for a specific vaccine.

## **MEDICARE PART D**

- Chickenpox vaccine (Varivax)
- Diphtheria /Tetanus vaccine (Tenivac, TDVAX)
- Hepatitis A vaccine (Havrix, VAQTA)
- Hepatitis A/Hepatitis B vaccine (Twinrix)
- Hepatitis B vaccine for members at low risk (Recombivax HB, Engerix-B)
- Human Papillomavirus (Gardasil 9)
- Japanese Encephalitis virus vaccine (Ixiaro)
- Measles/Mumps/Rubella vaccine (M-M-R II, Priorix)
- Measles/Mumps/Rubella/Varicella vaccine (Proquad)
- Meningococcal Polysaccharide Diphtheria toxoid vaccine (MenQuadfi)
- Poliovirus vaccine Inactivated (IPOL)
- Rabies vaccine for prevention (RabAvert, Imovax Rabies)
- Respiratory Syncytial Virus vaccine (Arexvy and Abrysvo)
- Tetanus, diphtheria and pertussis vaccine (Adacel, Boostrix)
- Typhoid VI Polysaccharide vaccine (Typhim VI)
- Yellow-Fever virus vaccine (YF-Vax)
- Zoster vaccine recombinant, adjuvanted (Shingrix)



# WHERE CAN I GO?

DOCTOR'S OFFICE	PHARMACY
• The provider at the office will administer the vaccine <sup>1</sup>	• In New York State, registered and certified pharmacists can administer vaccines for flu, pneumonia, meningitis, shingles, tetanus, diphtheria, pertussis, hepatitis A, hepatitis B, HPV, measles, mumps, rubella, varicella, and COVID-19.
<ul> <li>When you receive a Part B vaccine at the office, you will pay the applicable coinsurance. For a Part D vaccine at the office, if the claim is billed to Transact Rx by the provider, there will be no cost to you.</li> <li>Transact Rx is a real time claim processing web portal that allows providers to bill office administered Medicare Part D vaccines.</li> </ul>	• When you receive a Part B vaccine at the pharmacy, you will pay the applicable coinsurance. For a Part D vaccine, there is no cost.
• You will be required to submit claim forms for reimbursement to Excellus BCBS if the provider does not use Transact Rx to bill your Part D vaccines.	<ul> <li>The claim is billed through insurance and you will not be required to submit claim forms for reimbursement to Excellus BCBS.</li> </ul>

<sup>1</sup> When services other than preventive care are performed, the office visit copay will apply.

If you have any questions regarding the vaccine information please call Customer Care at 1-877-883-9577 (TTY:711). Representatives are available Monday through Friday 8 a.m to 8 p.m. From October 1st through March 31st, representatives are available Monday through Sunday, 8 a.m to 8 p.m.



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Excellus BlueCross BlueShield is a HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

Benefits or co-payments/co-insurance may change on January 1 of each year.

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 711). 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-877-883-9577 (TTY:711)。