

# CIGNA MEDICAL VACCINE PROGRAM



## List of vaccines covered by your plan

Under your plan, you may be able to get the seasonal flu shot – as well as other vaccines – at your local retail pharmacy. Below is the list of vaccines your plan covers. Vaccines are covered under your medical benefit. Depending on your plan, your medical benefit may cover these vaccines at no cost-share (\$0) to you.\*

### Know before you go

You should call your pharmacy to make sure your vaccine is covered and available at that location. You shouldn't need to make an appointment to get a vaccine. Please be sure to bring your Cigna medical ID card with you when you go to the pharmacy.

- ACTHIB (*Haemophilus B PRP-T*)
- Adacel (*tetanus, diphtheria & pertussis- TDap*)
- Afluria (*influenza*)
- Bexsero (*meningococcal*)
- Boostrix (*tetanus, diphtheria & pertussis- TDap*)
- Comvax (*hepatitis B & hemophilia*)
- Daptacel & Infanrix (*DTAP & DTwP*)
- Diphtheria (*DTap*)
- Engerix (*hepatitis B*)
- Fluad (*Influenza*)
- Fluad Quadrivalent
- Fluarix (*influenza*)
- Fluarix (*Quadrivalent-influenza*)
- Flublok (*influenza*)
- Flucelvax (*influenza*)
- Flulaval (*influenza*)
- Flulaval (*Quadrivalent-influenza*)
- Flumist (*Quadrivalent Nasal Spray-influenza*)
- Fluzone (*influenza*)
- Fluzone (*Quadrivalent-influenza*)
- Fluzone High-Dose (*influenza*)
- Gardasil 9
- Havrix (*hepatitis A*)
- Heplisav-B (*Hepatitis B*)
- Hiberix (*Haemophilus B PRP-T*)
- Menactra (*meningococcal conjugate*)
- Menomune (*meningococcal polysaccharide*)
- Menveo (*meningococcal conjugate*)
- M-M-R II (*measles, mumps, rubella*)
- Pevax HIB (*Haemophilus B PRP-OMP*)
- Pentacel Kit (*DTaP-IPV- Hib*)
- Pneumovax (*pneumococcal polysaccharide*)
- Prevnar (*pneumococcal conjugate*)
- ProQuad (*measles, mumps, rubella & varicella*)
- Quadracel & Kinrix (*DTaP Series*)
- Recombivax (*hepatitis B*)
- Rotarix (*Rotavirus*)
- RotaTeq (*Rotavirus*)
- Shingrix (*Zoster Shingles*)
- Tenivac (*tetanus & diphtheria*)
- Tetanus-diphtheria toxoids (*Td*)
- Trumenba (*meningococcal*)
- Twinrix (*hepatitis A & B*)
- Vaqta (*hepatitis A*)
- Varivax (*varicella*)
- Zostavax (*zoster-shingles*)

List last updated September 2020. Subject to change.

Together, all the way.®



\* Plans vary so check your plan materials for details, including a current list of covered vaccinations and the pharmacies included in your specific plan's network. Most immunizations for travel are generally not covered. If you use an out-of-network pharmacy, services may not be covered or may be subject to your plan's copayment, coinsurance or deductible requirements.

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