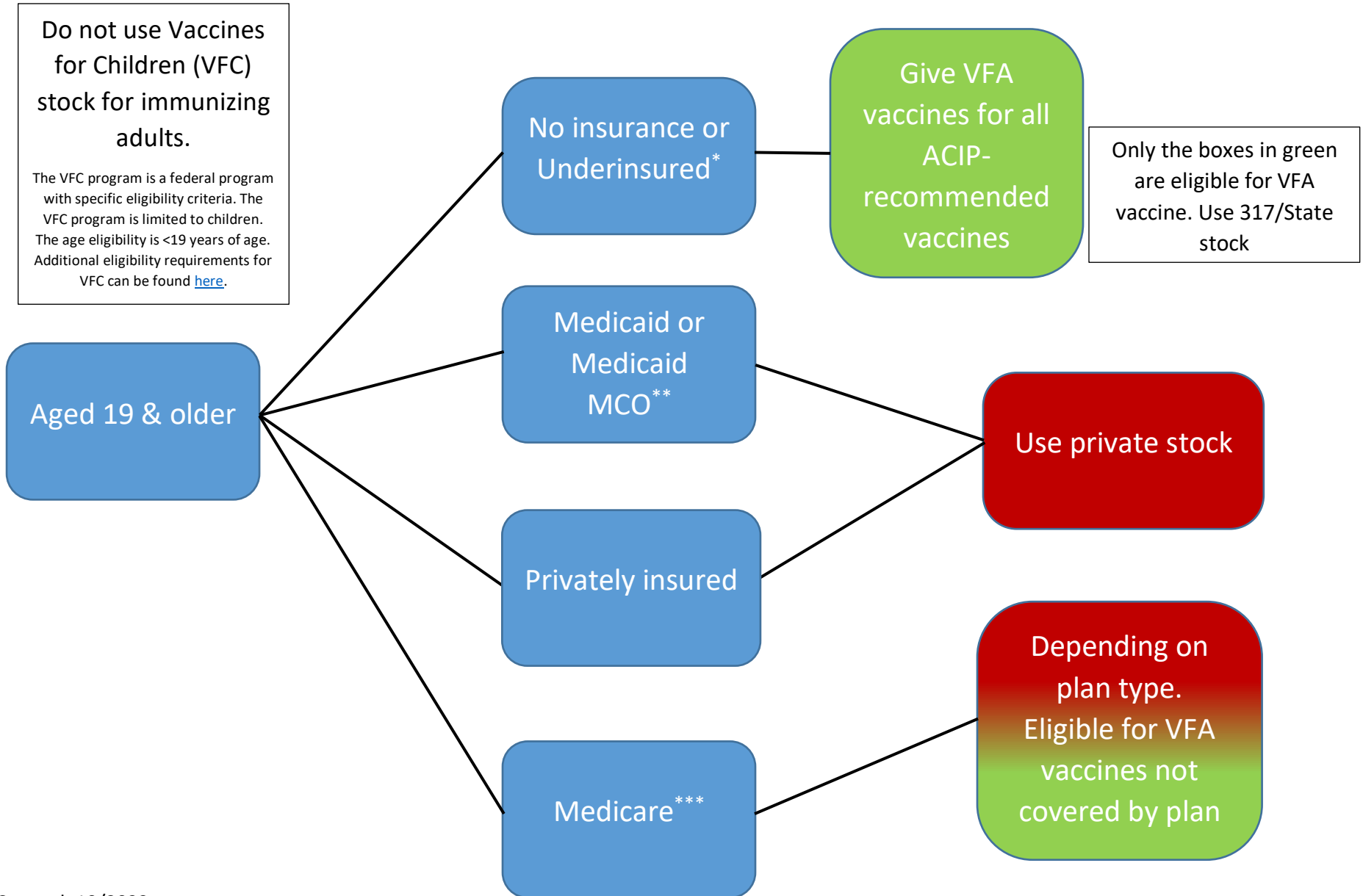


# Determining Vaccines for Adults (VFA) Eligibility



\*Underinsured is defined as: A person who has health insurance but the coverage does not include vaccines, or a person whose insurance covers only selected vaccines, or a person whose insurance caps vaccine coverage at a certain amount (once that coverage amount is reached, the person is categorized as underinsured).

\*\*Medicaid Managed Care Organizations (MCOs):

- Aetna Better Health of Virginia
- Anthem Health Keepers Plus
- Molina Complete Care
- Optima Family Care
- United Healthcare Community Plan
- Virginia Premier (Virginia Premier/Kaiser Permanente in Northern Virginia)

\*\*\*Medicare: If a Medicare beneficiary has Part B (outpatient medical coverage) and/or Part D (pharmacy drug plan), Medicare Part B will cover flu, pneumonia and Hepatitis B. Part D will cover all other vaccines administered by a provider that participates in the client's Part D plan. If a client has a Medicare Advantage plan, it will cover most vaccines depending on your plan participation status. You must call the plan to determine coverage for clients/beneficiaries. Notes: If there is a charge associated with a covered service, the "charge" does not make the client eligible for VFA. Clients/beneficiaries are eligible for vaccines provided through VVFA for those vaccines not covered by the client's particular Medicare or Medicare Advantage plan. The provider being out-of-network with the client's plan does not make them eligible for VFA vaccines. They should be referred to a participating provider for covered vaccines.