

# Your guide to adult vaccination coverage at convenience care clinics and retail pharmacies.



	Doctor's Office	Network Convenience Care Clinics	UnitedHealthcare Worksite Wellness Adult Flu Clinic <sup>1</sup>	CVS Pharmacy	Albertsons, New Albertsons, Safeway, United Supermarkets Pharmacy	H-E-B	Kmart Pharmacy	The Kroger Co., Harris Teeter	Meijer Pharmacy	Publix Pharmacy	Rite Aid Pharmacy	Shopko Pharmacy	Walgreens Pharmacy	Walmart Stores Inc. & Sam's Club	
<b>Seasonal Influenza</b>															
Influenza - Trivalent Intramuscular (Afluria®, Flublok®, Fluzone®, Fluvirin®, Fluarix®, Flucelvax®, Flulaval®)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Influenza - Quadrivalent Intramuscular (Afluria®, Flublok®, Fluzone®, Fluarix®, Flucelvax®, Flulaval®)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
Influenza - Quadrivalent Intradermal (Fluzone® Intradermal)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Influenza - Intranasal (FluMist®)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
Influenza - Trivalent Intramuscular, High Dose (Fluad®, Fluzone® High Dose)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Pneumonia</b>															
Pneumococcal - PPSV23 (Pneumovax®23)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Pneumococcal - PCV13 (Prevnar 13®)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Shingles</b>															
Shingrix®	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	
Zostavax® <sup>2</sup>	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Hepatitis (A and B)</b>															
Hepatitis A (Havrix®, Vaqta®)	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	
Hepatitis B (Recombivax HB®, Engerix-B®)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Hepatitis A & B (Twinrix®)	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	
<b>Meningitis</b>															
Meningitis (Menomune®, Menveo®, Menactra®)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Meningitis B (Trumenba®, Bexsero®)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Measles, Mumps, Rubella and Varicella</b>															
MMR (M-M-R® II)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
MMR-V (ProQuad®)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
Varicella <sup>3</sup> (Varivax®)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
<b>Whooping Cough</b>															
Tdap (Adacel®, Boostrix®)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
<b>HPV</b>															
HPV—Human Papillomavirus (Gardasil 4®, Gardasil 9®)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	

Yes = the vaccine is in network at that location and covered at 100% with no additional cost.  
No = the vaccine is not available or considered out-of-network at that location, and incremental out-of-pocket costs may be incurred.

<sup>1</sup> Employer-sponsored on-site adult flu shot clinics.  
<sup>2</sup> Check with providers for availability of vaccines.  
<sup>3</sup> Requires coordination because of drug storage requirements.

Note: If you have a California HMO Plan, please contact your primary care physician to arrange services. If you have a CA PPO/POS Plan, you may obtain services as identified above. Certain vaccines have coverage age limitations. All trademarks are the property of their respective owners. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. The health care reform law requires the coverage of certain preventive services, based on your age and other health factors, with no cost-sharing. The preventive care services covered are those preventive services specified in the health care reform law. UnitedHealthcare also covers other services, which may require a copayment, coinsurance or deductible. Members should refer to their plan documents for specific coverage details.

