

# Medicare Coverage of Vaccines

By the GWAAR Legal Services Team

Vaccines play an important role in preventing illness. However, knowing if and when Medicare pays for vaccines can be confusing. Most vaccines that your doctor recommends will be covered by your Medicare prescription drug plan. Medicare prescription drug plans are required to cover most commercially available vaccines.

The only exceptions are the vaccines for flu, pneumonia, hepatitis B, and COVID-19, which are covered by Part B. Please note that SeniorCare does not yet cover any vaccines.

## **Influenza (flu)**

Medicare Coverage: Part B

Coverage Rules: Part B pays for (and recommends) one shot every flu season. Additional flu vaccines may be covered if considered medically necessary.

## **Pneumonia**

Medicare Coverage: Part B

Coverage Rules: Part B pays for one shot, recommended for all adults aged 65+ and younger adults with chronic health conditions.

## **Hepatitis B**

Medicare Coverage: Part B

Coverage Rules: Part B covers the series of three shots for high- or medium-risk individuals, including those with hemophilia, end stage renal disease, diabetes, and other chronic conditions that lower resistance to infection. (A prescription drug plan may cover the vaccine for someone who does not satisfy Part B coverage criteria. Contact your drug plan for more information.)

## **COVID-19 Vaccine**

Medicare Coverage - Part B

Coverage Rules: Medicare Part B covers FDA-approved COVID-19 vaccines and the administration of the vaccines at no cost to beneficiaries. This applies to beneficiaries in both Original Medicare and Medicare Advantage plans.

## **Shingles Vaccine**

Medicare Coverage - All Medicare prescription drug plans must cover

Coverage Rules: Two doses of Shingrix, separated by 2 to 6 months are recommended for healthy adults 50 years and older. Check with your plan to find out specific rules for administration and payment.

The amount you pay for your vaccine will vary depending on the vaccine. If you have Original Medicare, you will not pay any out-of-pocket costs for vaccines covered by Part B. Medicare Advantage plans are required to cover Part B vaccines without applying deductibles, copayments, or coinsurance if you meet the criteria for coverage and see an in-network provider.

When it is available, Medicare will cover the COVID-19 vaccine at no cost to you regardless of whether you have Original Medicare or a Medicare Advantage plan. For more information about vaccine availability in Wisconsin, please see the Department of Health Services website at: <https://www.dhs.wisconsin.gov/covid-19/vaccine.htm> . Please note that you cannot pay to put your name on a waiting list for the vaccine or to get early access to the vaccine. Do not share your personal or financial information if someone calls, texts, or emails you promising access to the vaccine for a fee.

For vaccines covered by your Medicare prescription drug plan, check with your plan for information about how the plan covers vaccines. Your out-of-pocket costs will usually be lowest at in-network pharmacies or a doctor's office that can either coordinate with a pharmacy to bill your plan for the entire cost of the vaccination or can bill your plan directly for the vaccination.

If you are vaccinated at an in-network pharmacy, you should only need to pay your plan's approved co-insurance or copay for the vaccination. If you get a vaccine at your doctor's office, ask the doctor to call your plan to find if your plan can be billed directly. If this is not possible, you may have to pay the full out-of-pocket cost for the vaccination and then request reimbursement from your plan. You might also have to pay the full out-of-pocket cost for your vaccination if your provider cannot coordinate with a pharmacy to bill your plan for the entire cost.

In this situation, you will also have to request reimbursement from your plan. You should be aware that your plan will only reimburse you up to the approved amount, so you will not be refunded for any amount you pay the provider above your plan's approved amount.

If you have Extra Help or the low-income subsidy (LIS), you can go to any provider or in-network pharmacy for vaccines. You will only be responsible for the Extra Help/LIS copay. However, if you get your vaccine from a provider who cannot directly bill your plan, you may need to pay the entire bill upfront and then request a refund from your plan. For more information, please contact your Aging and Disability Resource Center (ADRC).