Immunizations/Vaccinations

Policy Number: BIP086.M
Effective Date: July 1, 2024

➲ Instructions for Use

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Related Benefit Interpretation Policy

- Preventive Care Services

Related Medical Management Guideline

- Preventive Care Services

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

Oklahoma

Oklahoma 36 O.S. Section 6060.4 Child 0-18 Years

Terms 11/01/2022

https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=87362

A. A health benefit plan delivered, issued for delivery or renewed in this state on or after January 1, 1998, that provides benefits for the dependents of an insured individual shall provide coverage for each child of the insured, from birth through the date such child is eighteen (18) years of age for
   1. Immunization against:
      a. Diphtheria,
      b. Hepatitis b,
      c. Measles,
      d. Mumps,
      e. Pertussis,
      f. Polio,
      g. Rubella,
      h. Tetanus,
      i. Varicella,
      j. Haemophilus influenzae type B, and
      k. Hepatitis A; and
   2. Any other immunization subsequently required for children by the State Board of Health.

B. Benefits required pursuant to subsection A of this section shall not be subject to a deductible, co-payment, or coinsurance requirement.

C. 1. For purposes of this section "health benefit plan" means a plan that:
      a Provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, and
      b Provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, and
      c Is offered by any insurance company, group hospital service corporation, the State and Education Employees Group Insurance Board, or health maintenance organization that delivers or issues for delivery an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an evidence of coverage, or, to the extent permitted by the Employee Retirement Income Security Act of 1974,

29 U.S.C., Section 1001 et seq., by a multiple employer welfare arrangement as defined in Section 3 of the Employee Retirement Income Security Act of 1974, or any other analogous benefit arrangement, whether the payment is fixed or by indemnity.

2. The term "health benefit plan" shall not include:
   a A plan that provides coverage:
      (1) Only for a specified disease or diseases or under an individual limited benefit policy,
      (2) Only for accidental death or dismemberment,
      (3) Only for dental or vision care,
      (4) A hospital confinement indemnity policy,
      (5) Disability income insurance or a combination of accident-only and disability income insurance, or
      (6) As a supplement to liability insurance,
   b A Medicare supplemental policy as defined by Section 1882(g)(1) of the Social Security Act (42 U.S.C., Section 1395ss),
   c Workers' compensation insurance coverage,
   d Medical payment insurance issued as part of a motor vehicle insurance policy,
   e A long-term care policy, including a nursing home fixed indemnity policy, unless a determination is made that the policy provides benefit coverage so comprehensive that the policy meets the definition of a health benefit plan, or
   f Short-term health insurance issued on a nonrenewable basis with a duration of six (6) months or less.

Effective 11/01/2022

A. A health benefit plan delivered, issued for delivery or renewed in this state on or after January 1, 1998, that provides benefits for the dependents of an insured individual shall provide coverage for each child of the insured, from birth through the date the child is eighteen (18) years of age for:
   1. Immunization against:
      a. Diphtheria,
      b. Hepatitis B,
      c. Measles,
      d. Mumps,
      e. Pertussis,
      f. Polio,
      g. Rubella,
      h. Tetanus,
      i. Varicella,
      j. Haemophilus influenzae type B, and
      k. Hepatitis A; and
   2. Any other immunization subsequently required for children by the State Board of Health.

B. Benefits required pursuant to subsection A of this section shall not be subject to a deductible, co-payment, or coinsurance requirement.

C. 1. For purposes of this section, "health benefit plan" means group hospital or medical insurance coverage, a not-for-profit hospital or medical service or indemnity plan, a prepaid health plan, a health maintenance organization plan, a preferred provider organization plan, the State and Education Employees Group Health Insurance Plan, and coverage provided by a Multiple Employer Welfare Arrangement or employee self-insured plan as permitted under Employee Retirement Income Security Act of 1974.
   2. The term "health benefit plan" shall not include:
      a. A plan that provides coverage:
         (1) Only for a specified disease or diseases or under an individual limited benefit policy,
         (2) Only for accidental death or dismemberment,
         (3) Only for dental or vision care,
         (4) A hospital confinement indemnity policy,
         (5) Disability income insurance or a combination of accident-only and disability income insurance, or
         (6) As a supplement to liability insurance,
      b. A Medicare supplemental policy as defined by Section 1882(g)(1) of the Social Security Act (42 U.S.C., Section 1395ss),
      c. Workers' compensation insurance coverage,
      d. Medical payment insurance issued as part of a motor vehicle insurance policy,
      e. A long-term care policy, including a nursing home fixed indemnity policy, unless a determination is made that the policy provides benefit coverage so comprehensive that the policy meets the definition of a health benefit plan, or
      f. Short-term health insurance issued on a nonrenewable basis with a duration of six (6) months or less.

Oregon

ORS Section 743A.264 Disease Outbreaks, Epidemics and Conditions of Public Health Importance

https://oregon.public.law/statutes/ors_743a.264

(1) As used in this section:
  (a) "Condition of public health importance" has the meaning given that term in ORS 431A.005.
  (b) "Disease outbreak" has the meaning given that term in ORS 431A.005.
  (c) "Enrollee" means an individual residing in this state who:
    (A) Is enrolled in a health benefit plan; and
    (B) The Public Health Director determines may be affected by a disease outbreak, epidemic or other condition of public health importance.
  (d) "Epidemic" has the meaning given that term in ORS 431A.005.
  (e) "Health benefit plan" has the meaning given that term in ORS 743B.005.
  (f) "Insurer" means a person with a certificate of authority to transact insurance in this state.
  (g) "Utilization review" has the meaning given that term in ORS 743B.001.

(2) If the director determines that there exists a disease outbreak, epidemic or other condition of public health importance in a geographic area of this state or statewide, an insurer shall, for enrollees in a health benefit plan offered by the insurer, cover the cost of necessary antitoxins, serums, vaccines, immunizing agents, antibiotics, antidotes and other pharmaceutical agents, medical supplies or other prophylactic measures approved by the United States Food and Drug Administration that the director deems necessary to prevent the spread of the disease, epidemic or other condition of public health importance.

(3) An insurer may not restrict coverage under subsection (2) of this section by:
  (a) Requiring that the health services be administered by an in-network provider;
  (b) Imposing cost-sharing requirements that are greater than the cost-sharing requirements for similar covered services;
  (c) Requiring prior authorization or other utilization review measures; or
  (d) Limiting coverage in any manner that prevents an enrollee from accessing the necessary health services. [2017 c.719 §2; 2019 c.284 §7]

Rule 836-053-0418 – Definition of insurer for Reimbursement of Expenses Related to Disease Outbreak or Epidemic

https://oregon.public.law/rules/oar_836-053-0418

As used in 2017 Or Laws, ch 719, §2, "Insurer" includes:

(1) Any person with a certificate of authority to transact insurance in Oregon;

(2) A health care service contractor as defined in ORS 750.005 (Definitions) with a certificate to transact insurance in Oregon; and

(3) A multiple employer welfare arrangement as defined in ORS 750.301 (Definitions for ORS 750.301 to 750.341) with a certificate of multiple employer welfare arrangement in Oregon.

Section 743B.005 Definitions

https://www.oregonlaws.org/ors/743B.005

(16)(a) "Health benefit plan" means any:
  (A) Hospital expense, medical expense or hospital or medical expense policy or certificate;
  (B) Subscriber contract of a health care service contractor as defined in ORS 750.005 ; or
  (C) Plan provided by a multiple employer welfare arrangement or by another benefit arrangement defined in the federal Employee Retirement Income Security Act of 1974, as amended, to the extent that the plan is subject to state regulation.

  (b) "Health benefit plan" does not include:
    A. Coverage for accident only, specific disease or condition only, credit or disability income;
    B. Coverage of Medicare services pursuant to contracts with the federal government;
    C. Medicare supplement insurance policies;
    D. Coverage of TRICARE services pursuant to contracts with the federal government;
    E. Benefits delivered through a flexible spending arrangement established pursuant to section 125 of the Internal Revenue Code of 1986, as amended, when the benefits are provided in addition to a group health benefit plan;
    F. Separately offered long term care insurance, including, but not limited to, coverage of nursing home care, home health care and community-based care;

G. Independent, non-coordinated, hospital-only indemnity insurance or other fixed indemnity insurance;
H. Short term health insurance policies;
I. Dental only coverage;
J. Vision only coverage;
K. Stop-loss coverage that meets the requirements of ORS 742.065;
L. Coverage issued as a supplement to liability insurance;
M. Insurance arising out of a workers' compensation or similar law;
N. Automobile medical payment insurance or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance; or
O. Any employee welfare benefit plan that is exempt from state regulation because of the federal Employee Retirement Income Security Act of 1974, as amended.

Texas

Texas Section 1367.053

https://statutes.capitol.texas.gov/DocViewer.aspx?DocKey=IN%2fIN.1367&Phrases=1367.053&HighlightType=1&ExactPhrase=False&QueryText=1367.053

Coverage Required, Age Birth through 6th Birthday

Note: This mandate does **not** apply to a small employer health benefit plan written under Chapter 1501;

(a) A health benefit plan that provides coverage for a family member of an insured or enrollee shall provide for each covered child from birth through the date of the child's sixth birthday coverage for:
  (1) Immunization against:
    (A) Diphtheria;
    (B) Haemophilus influenzae type b;
    (C) Hepatitis B;
    (D) Measles;
    (E) Mumps;
    (F) Pertussis;
    (G) Polio;
    (H) Rubella;
    (I) Tetanus; and
    (J) Varicella; and
  (2) Any other immunization that is required for the child by law.

(b) For purposes of Subsection (a), a covered child is a child who, as a result of the child's relationship to an insured or enrollee in a health benefit plan, would be entitled to coverage under an accident and health insurance policy under Section 1201.061, 1201.062, 1201.063, or 1201.064.

(c) In addition to the immunizations required under Subsection (a), a health maintenance organization that issues a health benefit plan shall provide under the plan coverage for immunization against rotavirus and any other immunization required for a child by law.

Added by Acts 2003, 78th Leg., ch. 1274, Sec. 3, eff. April 1, 2005. Amended by:
Acts 2007, 80th Leg., R.S., Ch. 730 (H.B. 2636), Sec. 3B.0281, eff. September 1, 2007.
Acts 2007, 80th Leg., R.S., Ch. 921 (H.B. 3167), Sec. 9.0281, eff. September 1, 2007.

Section 1367.054. Copayment, Deductible, or Coinsurance Requirement Prohibited

https://statutes.capitol.texas.gov/DocViewer.aspx?DocKey=IN%2fIN.1367&Phrases=1367.054&HighlightType=1&ExactPhrase=False&QueryText=1367.054

a. Coverage required under Section 1367.053(a) may not be made subject to a deductible, copayment, or coinsurance requirement
b. This section does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time the immunization is administered.
Added by Acts 2003, 78th Leg., ch. 1274, Sec. 3, eff. April 1, 2005

State Market Plan Enhancements

Some employer group plans have coverage for TB screening test required for employment due to exposure risk of employment or for educational purposes.

Refer to the member's EOC/SOB or contact the Customer Service Department to determine coverage eligibility.

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: Unless otherwise mandated, immunizations and vaccinations are covered in accordance with UnitedHealthcare's current Medical Management Guideline titled Preventive Care Services.

- Age- and gender-appropriate preventive medicine visits (wellness visits); all routine Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention when provided by a contracted physician or medical group.
- Vaccinations or Immunizations that are directly related to the treatment of an injury, a condition, or direct exposure to a disease, or are otherwise determined to be medically necessary. Refer to the Medical Management Guideline titled Preventive Care Services.

Not Covered

- Vaccines and Immunizations for the purpose of international travel unless the Immunizations are also recommended in UnitedHealthcare's current Benefit Interpretation Policy titled Preventive Care Services. Refer to the *State Market Plan Enhancements* section for state-specific market plan enhancements.
- Vaccines required for employment due to exposure risk of employment or for educational purposes unless Vaccines are also recommended in UnitedHealthcare's current preventive health services or covered under the *State Market Plan Enhancements* section.
- Vaccines and Immunizations required for insurance, marriage, adoption, immigration, camp, volunteer work, licensure, certification or registration, sports or recreational activities are not covered, except as otherwise recommended in UnitedHealthcare's current preventive health services. Refer to the *State Market Plan Enhancements* section for state-specific market plan enhancements.
- Naturopathy: Immunizations, Vaccinations, injectable, intravenous infusions (does not include venipuncture for the purpose of obtaining blood samples for laboratory studies).
- Vaccinations not meeting the criteria listed above in the *Covered Benefits* section.

Definitions

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

Vaccination: The act of introducing a vaccine into the body to produce protection from a specific disease.

References

Vaccines & Immunizations, https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm. Accessed May 28, 2024.

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
07/01/2024	All	**Supporting Information** • Added *References* section • Archived previous policy version BIP086.L

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.