

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

# Immunizations

## Benefit

Immunizations are covered if administered or recommended by the PCP. These include all childhood and adult immunizations, and those vaccines recommended or required for travel.

## Interpretation

Childhood immunizations are defined as those recommended by the American Academy of Pediatrics, the American Academy of Family Practice, and the Advisory Committee on Immunization Practices of the Centers for Disease Control according to the designated schedule and dosages.

Adult immunizations including COVID-19, influenza, meningococcal, pneumococcal vaccines, are in benefit if administered or recommended by the PCP.

Travel immunizations or prophylactic treatment (i.e., cholera vaccines, immunoglobulin), which are required and/or recommended for travel to foreign countries are covered.

<b>Paid by</b>	Inpatient immunization	<b>HMO</b>
	Immunization in office or outpatient setting (excluding COVID-19 and Influenza immunizations)	<b>IPA</b>
	COVID-19 and Influenza immunizations in office or outpatient setting	<b>HMO</b>
	COVID-19 and Influenza immunizations administered at a BCBS participating pharmacy	<b>Pharmacy Benefit</b>

**Notes: HMO Risk for Covid-19 and Influenza Vaccinations and administration fees**

**Pharmacy Benefit: Applicable for members whose pharmacy benefit manager is through Prime Therapeutics.**

### **HMO Risk**

**Administered in an IPA office or outpatient setting:** The IPA would forward the claim to the HMO who will pay the provider directly. Covid-19 and Influenza vaccine claims do not require a stamped approval status.

**Note: See Benefits Interpretation on Hepatitis B Vaccine**