**Children: Ages 6 months–11 years**

<table>
<thead>
<tr>
<th>Comirnaty and Pfizer-BioNTech COVID-19 vaccine</th>
<th>Primary series</th>
<th>Booster dose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals who are not moderately or severely immunocompromised:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 6 months–4 years: A 3-dose/3 mcg monovalent primary vaccine series is recommended.</td>
<td></td>
<td>A booster dose is not authorized for this age group who receive a Pfizer-BioNTech primary series.</td>
</tr>
<tr>
<td>Ages 5–11 years: A 2-dose/10 mcg monovalent primary vaccine series is recommended.</td>
<td></td>
<td>A single bivalent booster dose (Pfizer-BioNTech) is recommended.</td>
</tr>
<tr>
<td><strong>Individuals who are moderately or severely immunocompromised:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 6 months–4 years: A 3-dose/3 mcg monovalent primary vaccine series is recommended.</td>
<td></td>
<td>A booster dose is not authorized for this age group who receive a Pfizer-BioNTech primary series.</td>
</tr>
<tr>
<td>Ages 5–11 years: A 3-dose/10 mcg monovalent primary vaccine series is recommended.</td>
<td></td>
<td>A single bivalent booster dose (Pfizer-BioNTech) is recommended.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spikevax and Moderna COVID-19 vaccine</th>
<th>Primary series</th>
<th>Booster dose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals who are not moderately or severely immunocompromised:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 6 months–5 years: A 2-dose/25 mcg monovalent primary vaccine series is recommended.</td>
<td></td>
<td>A bivalent booster dose using any COVID-19 vaccine is not authorized for this age group who receive a Moderna primary series.</td>
</tr>
<tr>
<td>Ages 6–11 years: A 2-dose/50 mcg monovalent primary vaccine series is recommended.</td>
<td>A bivalent booster dose using any Moderna vaccine is authorized for this age group.</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td><strong>Individuals who are moderately or severely immunocompromised:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 6 months–5 years: A 3-dose/25 mcg monovalent primary vaccine series is recommended.</td>
<td>A booster dose using any COVID-19 vaccine is not authorized for this age group who receive a Moderna primary series.</td>
<td></td>
</tr>
<tr>
<td>Ages 6–11 years: A 3-dose/50 mcg monovalent primary vaccine series is recommended.</td>
<td>A booster dose using any COVID-19 vaccine is not authorized for this age group who receive a Moderna primary series.</td>
<td></td>
</tr>
</tbody>
</table>

### Adolescents: Ages 12–17 years

<table>
<thead>
<tr>
<th>Comirnaty and Pfizer-BioNTech COVID-19 vaccine</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary series</strong></td>
<td><strong>Booster dose(s)</strong></td>
</tr>
<tr>
<td><strong>Individuals who are not moderately or severely immunocompromised:</strong></td>
<td></td>
</tr>
<tr>
<td>Ages 12–17 years: A 2-dose/30 mcg monovalent primary vaccine series is recommended.</td>
<td>A single 30 mcg bivalent booster dose (Pfizer-BioNTech or Moderna) is recommended. For Individuals who previously received a monovalent booster dose, a bivalent booster dose is administered at least 2 months after the last monovalent booster dose.</td>
</tr>
<tr>
<td><strong>Individuals who are moderately or severely immunocompromised:</strong></td>
<td></td>
</tr>
<tr>
<td>Ages 12–17 years: A 3-dose/30 mcg monovalent primary vaccine series is recommended.</td>
<td>A single age-appropriate bivalent mRNA booster dose (Pfizer-BioNTech or Moderna) is recommended. For individuals who previously received a monovalent booster dose, a bivalent booster dose is administered at least 2 months after the last monovalent booster dose.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spikevax and Moderna COVID-19 vaccine</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary series</strong></td>
<td><strong>Booster dose(s)</strong></td>
</tr>
<tr>
<td><strong>Individuals who are not moderately or severely immunocompromised:</strong></td>
<td></td>
</tr>
<tr>
<td>Ages 12–17 years: A 2-dose/100 mcg monovalent primary vaccine series is recommended.</td>
<td>A single age-appropriate bivalent mRNA booster dose (Moderna or Pfizer-BioNTech) is recommended. For individuals who previously received a monovalent booster dose, a bivalent booster dose is administered at least 2 months after the last monovalent booster dose.</td>
</tr>
<tr>
<td>Individuals who are moderately or severely immunocompromised:</td>
<td></td>
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<tr>
<td>---</td>
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</tr>
</tbody>
</table>
| Ages 12–17 years: A 3-dose/100 mcg monovalent primary vaccine series is recommended. | A single age-appropriate bivalent mRNA booster dose (Moderna or Pfizer-BioNTech) is recommended.  
For individuals who previously received a monovalent booster dose, a bivalent booster dose is administered at least 2 months after the last monovalent booster dose. |

<table>
<thead>
<tr>
<th>Novavax COVID-19 vaccine</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary series</td>
<td>Booster dose(s)</td>
</tr>
<tr>
<td>All individuals regardless of immune status.</td>
<td></td>
</tr>
<tr>
<td>Ages 12–17 years: A 2-dose/0.5 ml primary vaccine series is recommended.</td>
<td>A single age-appropriate bivalent mRNA booster dose (Pfizer-BioNTech) is recommended.</td>
</tr>
</tbody>
</table>
## Adults: Ages 18+

<table>
<thead>
<tr>
<th>Comirnay and Pfizer-BioNTech COVID-19 vaccine</th>
<th>Primary series</th>
<th>Booster dose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals who are not moderately or severely immunocompromised:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 18+ years: A 2-dose/30 mcg monovalent primary vaccine series is recommended.</td>
<td>A single bivalent mRNA booster dose (Moderna or Pfizer-BioNTech) is recommended.</td>
<td>For individuals who previously received a monovalent booster dose, a bivalent booster dose is administered at least 2 months after the last monovalent booster dose.</td>
</tr>
<tr>
<td><strong>Individuals who are moderately or severely immunocompromised:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 18+ years: A 3-dose/30 mcg monovalent primary vaccine series is recommended.</td>
<td>A single bivalent mRNA booster dose (Moderna or Pfizer-BioNTech) is recommended.</td>
<td>For individuals who previously received a monovalent booster dose, a bivalent booster dose is administered at least 2 months after the last monovalent booster dose.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spikevax and Moderna COVID-19 vaccine</th>
<th>Primary series</th>
<th>Booster dose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals who are not moderately or severely immunocompromised:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 18+ years: A 2-dose/100 mcg monovalent primary vaccine series is recommended.</td>
<td>A single bivalent mRNA booster dose (Moderna or Pfizer-BioNTech) is recommended.</td>
<td>For individuals who previously received a monovalent booster dose, a bivalent booster dose is administered at least 2 months after the last monovalent booster dose.</td>
</tr>
<tr>
<td><strong>Individuals who are moderately or severely immunocompromised:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 18+ years: A 3-dose/100 mcg monovalent primary vaccine series is recommended.</td>
<td>A single bivalent mRNA booster dose (Moderna or Pfizer-BioNTech) is recommended.</td>
<td>For individuals who previously received a monovalent booster dose, a bivalent booster dose is administered at least 2 months after the last monovalent booster dose.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Novavax COVID-19 vaccine</th>
<th>Primary series</th>
<th>Booster dose(s)</th>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individuals who are moderately or severely immunocompromised:</strong></td>
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### Adults: Ages 18+ (continued)

<table>
<thead>
<tr>
<th>Janssen COVID-19 vaccine</th>
<th>Primary series</th>
<th>Booster dose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals who are not moderately or severely immunocompromised:</td>
<td>See the note on page 3 regarding risks and CDC guidance.</td>
<td>A single bivalent mRNA booster dose (Moderna or Pfizer-BioNTech) is recommended.</td>
</tr>
<tr>
<td></td>
<td>Ages 18+ years: A single 0.5 ml primary dose is recommended.</td>
<td>For individuals who previously received a monovalent booster dose, a bivalent booster dose is administered at least 2 months after the last monovalent booster dose.</td>
</tr>
<tr>
<td>Individuals who are moderately or severely immunocompromised:</td>
<td>See the note on page 3 regarding risks and CDC guidance.</td>
<td>A single bivalent mRNA booster dose (Moderna or Pfizer-BioNTech) is recommended.</td>
</tr>
<tr>
<td></td>
<td>Ages 18+ years: A single 0.5 ml primary dose, followed by a second (additional) dose using a monovalent mRNA COVID-19 vaccine is recommended.</td>
<td>For individuals who previously received a monovalent booster dose, a bivalent booster dose is administered at least 2 months after the last monovalent booster dose.</td>
</tr>
</tbody>
</table>
FDA AUTHORIZED COVID-19 VACCINES OVERVIEW
Update 7/20/22

- UnitedHealthcare is actively monitoring updates from the federal government, Centers for Disease Control and Prevention (CDC), U.S. Food & Drug Administration (FDA) and Centers for Medicare & Medicaid Services (CMS), as well as state and local public health departments. We’re committed to working with federal, state and local organizations to help our members access vaccines, stay up to date on vaccine-related changes and help end the pandemic.

- COVID-19 vaccines are an important step in slowing the spread of the disease, protect against severe disease and hospitalization, and are key to protecting people’s health. UnitedHealthcare encourages members to talk to their health care provider about the right time to get their COVID-19 vaccine. As part of our COVID-19 vaccination program, we are committed to helping remove barriers to vaccination, focused on building vaccine confidence and supporting equitable access among our members and the communities we serve.

- To support members, customers, and providers with COVID-19 vaccination, we are 1) making sure members know there is $0 cost-share for their vaccination through the national public health emergency period, 2) providing resources to help them find COVID-19 vaccine information and 3) providing communications to help encourage vaccination. To help people access COVID-19 vaccination providers, we created the COVID-19 Vaccine Resource Locator. It’s available at uhc.com/vaccinelocator. We encourage members to discuss vaccination with their health care providers.

- The COVID-19 vaccines are safe and effective at preventing serious illness from COVID-19, according to the CDC. The FDA has approved the Pfizer-BioNTech COVID-19 vaccine for individuals 16 years of age and older which is now marketed as Comirnaty. The Pfizer-BioNTech COVID-19 vaccine, including boosters, is authorized for ages six months and up. The FDA has also approved the Moderna COVID-19 vaccine for individuals 18 years of age and older which is now marketed as Spikevax. The Moderna COVID-19 vaccine is authorized for ages six months to 5 years old. The Johnson & Johnson/Janssen COVID-19 vaccine has limited authorized use for people ages 18 and older. The Novavax vaccine (2 doses) was authorized by the CDC in July 2022 for adults 18+.

- Boosters and Additional Doses Update 10/15/22
• **CDC** says a person age 5 years or older who completed a primary series of the Pfizer-BioNTech or Comirnaty COVID-19 vaccine or 6 and older for Moderna vaccine is eligible for the first bivalent booster of any of the COVID-19 vaccines authorized in the United States at least five months after completing the series. However, an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna) is preferred over the Janssen COVID-19 vaccine for booster vaccination. A second booster is authorized for adults 50 and older and also for certain immunocompromised individuals age 12 and older who received a first booster dose at least 4 months prior.

• **CDC** says a person age 18 years or older who completed a primary series of the Moderna or Spikevax COVID-19 vaccine is eligible for a booster of any of the COVID-19 vaccines authorized in the United States at least five months after completing the series. However, an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna) is preferred over the Janssen COVID-19 vaccine for booster vaccination. A second booster is authorized for adults 50 and older and also for certain immunocompromised individuals age 18 and older who received a first booster dose at least 4 months prior.

• **CDC** says a person who received the J&J/Janssen COVID-19 vaccine is eligible for a booster shot of any of the COVID-19 vaccines authorized in the United States at least 2 months after the shot if 18 years or older. However, an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna) is preferred over the Janssen COVID-19 vaccine for booster vaccination. A second booster of either Pfizer-BioNTech or Moderna is authorized for adults 50 and older and also for certain immunocompromised individuals who received a first booster dose at least 4 months prior.

• **CDC** advises people ages 18 years and older who received a J&J/Janssen COVID-19 vaccine at least 2 months ago should get a booster shot of an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna) which is preferred over the Janssen COVID-19 vaccine for a booster vaccination. Recipients of an mRNA vaccine primary series ages 18 + who are unable to receive an mRNA booster dose may be offered a Janssen vaccine booster dose following discussion of the benefits and risks. **CDC advises** adults who received a primary vaccine and booster dose of J&J/Janssen COVID-19 vaccine at least 4 months ago may receive a second booster dose using an mRNA COVID-19 vaccine.

• Eligible individuals may choose which vaccine they receive as a booster dose. Some people may have a preference for the vaccine type that they originally received, and others may prefer to get a different vaccine type as a booster. **CDC’s recommendations now allow for this type of mix and match dosing for booster shots.** However, an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna) is preferred over the Janssen COVID-19 vaccine for booster vaccination. Recipients of an mRNA vaccine primary series ages 18 + who are unable to receive
an mRNA booster dose may be offered a Janssen vaccine booster dose following discussion of the benefits and risks.

- Moderately to severely immunocompromised people who have received an mRNA COVID-19 vaccine primary series (Pfizer BioNTech or Moderna) should consider an additional primary dose. Currently, moderately to severely immunocompromised people ages 18 years and older who completed their Moderna vaccine primary series should plan to get an additional primary dose 28 days after receiving their second shot. For people ages five years and older, who are immunocompromised and completed their Pfizer-BioNTech vaccine primary series, should also plan to get an additional primary dose 28 days after receiving their second shot. Members should talk to their healthcare provider about their medical condition, and whether getting an additional primary dose is appropriate for them.

CDC advises to allow certain immunocompromised individuals and people over the age of 50 who received an initial booster dose at least 4 months ago to be eligible for another mRNA booster to increase their protection against severe disease from COVID-19.

Protecting Against COVID-19

- **COVID-19 infection rates** continue to be a concern. It is recommended by the Centers for Disease Control and Prevention, American Medical Association and the American Academy of Pediatrics that everyone, including those 2 years of age and older, wear a face mask, physically distance and wash hands regularly to reduce the spread of the virus. These organizations also recommend that everyone who can get an FDA-authorized or FDA-approved COVID-19 vaccine should get one. **COVID-19 vaccines** are critical to helping protect you and your loved ones from serious illness and hospitalization related to the virus.

- In addition to getting the COVID-19 vaccine, prioritizing preventive care is important. We encourage members to stay up to date on their doctor appointments, such as annual checkups and flu vaccines, and get the care they may need for anxiety, depression, and loneliness. Most providers also offer telehealth visits, so members can get the care they need outside of the doctor’s office.

Cost Information

- Members will have $0 cost-share (copayment, coinsurance, or deductible) on COVID-19 vaccinations, no matter where they get the vaccine and including when 2 doses are required, as well as when third and booster shots are required, as outlined below.
• Plans through Employers and Individual health plans, including Student Resources, Short Term Limited Liability and Exchange plans, members will have $0 cost-share for the vaccine at both in- and out-of-network providers through the national public health emergency period.

• For Medicare health plans, members will have $0 cost-share for the vaccine at both in- and out-of-network providers through the national public health emergency. Providers should not ask Medicare members for vaccine payment upfront or after the vaccine is received. Beginning January 1, 2022, Medicare Advantage members should bring their UHC MA member card with them when receiving the COVID-19 vaccine.

• For Medicaid individuals in UnitedHealthcare Community Plans, members will have $0 cost-share for the vaccine at both in- and out-of-network providers through the national public health emergency period. State variations and regulations may apply during this time. Please review the UnitedHealthcare Community Plan website and the state’s site for the latest information. If no state-specific guidance is available, UnitedHealthcare plan guidelines will apply.

• If members receive additional services during their vaccination appointment, they may be responsible for copays, deductibles, coinsurance, or out-of-network charges, according to their benefits plan. If a member receives a vaccination bill and has questions, they can call the number on their UnitedHealthcare card.

• For those who are moderately to severely immunocompromised as defined by the CDC, a third COVID-19 vaccination dose is covered at $0 cost-share.

Verifying Vaccination Status

Once members get their COVID-19 vaccinations, they should keep their COVID-19 vaccination card in a safe place. Members may want to consider taking a picture or scan of the vaccination card as a backup copy. Members may also have a digital vaccination record available through their online UnitedHealthcare member account, where they can also choose to self-report their vaccination information. We encourage members to keep their health care provider informed of their COVID-19 vaccination.

Frequently asked questions Update 7/11/22

The CDC remains the best source for COVID-19 vaccine education. UnitedHealthcare will provide helpful information to our members digitally and through our call centers. Members should monitor updates from the local news, health departments, pharmacies, and health care providers, who may have more specific information and resources on local vaccine availability.

There are multiple sections of frequently asked questions (FAQs) to help guide people to the right content:

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1. Protection and safety
2. Distribution and availability
3. Primary Series: First dose appointment preparation and getting the second dose
4. Additional primary dose and boosters
5. Cost and coverage
6. Additional resources

PROTECTION AND SAFETY

Will the COVID-19 vaccines provide protection from COVID-19? Update 9/9/22
The FDA has approved the COVID-19 vaccine for use in preventing serious illness from COVID-19 among people ages 16 and older. Certain COVID-19 vaccines are also FDA emergency-use authorized (EUA), among people age 5 six months and older to help prevent serious illness from COVID-19, by the FDA. For people who have certain immunocompromised conditions, the FDA authorized an extra additional dose of the primary series COVID-19 vaccines to help maximize protection for this population. Details can be found in the chart below.

COVID-19 vaccines  Update 8/25/22

Novavax (2 doses for adults 18+ 3 to 8 weeks apart or 3 weeks apart if immune-compromised) will be added to the chart once CDC releases the data. Novavax [CDC information on Novavax]

<table>
<thead>
<tr>
<th>Vaccine manufacturer¹</th>
<th>Primary Series²</th>
<th>Additional Primary Dose³</th>
<th>Boosters⁴</th>
<th>FDA Information Statements, Fact Sheets, And Package Inserts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>3 doses², the 2nd dose is given 3-8 weeks after the 1st dose. The 3rd dose is given at least 8 weeks after the 2nd dose. • Authorized for 6 months to 4-year-olds</td>
<td>• Authorized for moderately or severely immunocompromised people ages 5 years and older who completed their Pfizer-BioNTech vaccine primary series 28 days after receiving their second shot</td>
<td>• First bivalent booster authorized for people ages 5 and older at least 5 months after primary series³ • Second booster authorized for adults 50 and older and also for certain immunocompromised individuals ages 12</td>
<td>• Pfizer-BioNTech for health care providers • Pfizer-BioNTech for patients and caregivers • Comirnaty package insert</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose Schedule</th>
<th>Authorized for Ages</th>
<th>Approved for Ages</th>
<th>Booster Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna</td>
<td>2 doses, 21 days apart</td>
<td>5 to 15</td>
<td>16 and older</td>
<td>received a first booster dose at least 4 months prior</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Updated bivalent booster replaced monovalent for 6+ 10/22</td>
</tr>
<tr>
<td></td>
<td>2 doses, 1 month apart</td>
<td>6 months to 17-year-olds</td>
<td>18 and older</td>
<td>First bivalent booster authorized for people ages 6 and older at least 5 months after primary series³</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Second booster authorized for adults 50 and older and also for certain immunocompromised individuals ages 18 and older who received a first booster dose at least 4 months prior</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Updated bivalent booster replaced monovalent 10/11 for ages 6+</td>
</tr>
<tr>
<td>Johnson &amp; Janssen</td>
<td>1 dose²</td>
<td>Limited authorized use for ages 18 and older</td>
<td></td>
<td>Currently, CDC does not recommend an additional primary dose if you received a single-dose J&amp;J/Janssen COVID-19 vaccine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>First booster has limited authorization for ages 18 and over 2 months after primary series⁴</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>According to the CDC, an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) is preferred over the Janssen COVID-19 vaccine for booster. Recipients of an mRNA vaccine primary series ages 18 + who are unable to receive an mRNA booster dose may be offered a Janssen booster following</td>
</tr>
</tbody>
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Like the flu vaccine, vaccination providers will administer the COVID-19 vaccine based on availability. Vaccination providers may not have all FDA-authorized and FDA-approved COVID-19 vaccines at their location.

Important reminders on the protection COVID-19 vaccines provide:

- Like other vaccines, COVID-19 vaccines can take several weeks after vaccination completion for full effectiveness.
- Fully vaccinated people may carry the virus after exposure, even if they are not showing symptoms.
- The duration of protection against COVID-19 is currently unknown and being studied.

Because of this, members should follow public health safety guidelines to help protect themselves and others. For the latest information, go to the CDC.

Are COVID-19 vaccines safe? Update 9/7/21

All FDA-authorized and FDA-approved COVID-19 vaccines are safe and effective at preventing serious illness from COVID-19, including hospitalization and death, according to the CDC. Vaccines are key to slowing the pandemic. The U.S. vaccine safety system makes sure all vaccines go through an extensive process to confirm levels of safety, including the recently FDA-authorized COVID-19 vaccines. Even after emergency use authorization (EUA), the FDA continues to review clinical data about the vaccines.
Approval is granted once the FDA determines the vaccine to be safe and effective at preventing serious illness from COVID-19. The FDA goes through a detailed review of clinical data and information, as submitted in the Biologics License Application (BLA).

The CDC website has additional COVID-19 vaccine safety information.

**Are there side effects associated with COVID-19 vaccines? Update 9/7/21**
As with other vaccines, and according to the CDC, people report some side effects with the FDA-authorized and FDA-approved COVID-19 vaccines. The most common side effect is a sore arm. Some other side effects may feel like flu and might even affect members’ ability to do daily activities, but they should go away in a few days.

If members have side effects that bother them or do not go away, they should report them to their vaccination provider or primary care provider. They should also notify the CDC at 1-800-822-7967, as the CDC and FDA continue to monitor the safety of COVID-19 vaccines. Members can also use the CDC’s v-safe mobile app, which will help them monitor side effects and get second dose reminders.

**What is an emergency use authorization? Update 9/7/21**
The FDA has a review process for safety and effectiveness that it completes before granting emergency use authorization (EUA) for the general public. Once the FDA authorizes a vaccine for emergency use, the Advisory Committee of Immunization Practices (ACIP) will meet to vote on recommending the vaccine.

When evaluating an EUA, the FDA carefully balances the potential risks and benefits of the products based on the data currently available. During the national public health emergency period, the FDA continues to monitor both the safety and effectiveness of the vaccine.

As more COVID-19 vaccines are authorized for emergency use by the FDA, ACIP will quickly hold public meetings to review all available data about each vaccine and make recommendations for their use in the United States. Learn more about how CDC is making COVID-19 vaccine recommendations.

**What does approval from the FDA mean? Update 8/25/22**
The FDA approval determined that the vaccine is safe and effective at preventing COVID-19. The FDA goes through a detailed review of clinical data and information, as submitted in the Biologics License Application (BLA). In addition, the Advisory Committee on Immunization Practices (ACIP)
and the CDC have recommended the COVID-19 FDA-approved vaccines:

- Pfizer-BioNTech COVID-19 Vaccine, also known as Comirnaty. This vaccine was approved for use in preventing COVID-19 among people age 16 and older, and continues to be authorized for emergency use to prevent COVID-19 among people six months to 15 years old.
- Moderna COVID-19 Vaccine, also known as Spikevax. This vaccine was approved for use in preventing COVID-19 among people ages 18 years and older, and continues to be authorized for emergency use to prevent COVID-19 among people six months to 17 years old.

**Are there people who should not get the COVID-19 vaccine? Update 7/20/22**

The current FDA-authorized and FDA-approved COVID-19 vaccines are not recommended for people with certain conditions or people of certain ages. The current vaccines are authorized for use among the following ages:

- Pfizer-BioNTech is not authorized or approved for children under six months old
- Moderna is not authorized for children under six months old
- Janssen is not authorized for people under the age of 18
- Novavax is authorized for people ages 18+

Per the FDA, women younger than 50 years old should be aware of the rare risk of blood clots with low platelets after Janssen vaccination. Other COVID-19 vaccines, such as Comirnaty and Spikevax, are available for which this risk has not been seen.

There are other special considerations for when it might not be a good time to get the vaccine:

- If a person has recently been exposed to COVID-19, see the CDC guidelines for getting the vaccine
- If a person had monoclonal antibody treatment or received convalescent plasma, the CDC states vaccination should not occur for at least 90 days

You should talk to your health care provider if you have questions about getting vaccinated for COVID-19.

According to the CDC, if people have ever had a severe allergic reaction to a vaccine or an injected medicine, you should ask your doctor if you should get the COVID-19 vaccine. A severe reaction is one that requires treatment at a hospital or with medications like an EpiPen (epinephrine). According to the CDC, the likelihood of severe reaction to the FDA-authorized or FDA-approved COVID-19 vaccines is very low.
The CDC recommends people who have seasonal allergies or allergies to food, pets or oral medications, can still be vaccinated. If you have questions, you should check with your health care provider.

For more information, read the FDA’s patient fact sheets: Pfizer-BioNTech, Moderna and Johnson & Johnson’s Janssen. Health care professionals can also look to the FDA’s health care provider fact sheets available for Pfizer-BioNTech, Moderna and Janssen; and the package inserts for Comirnaty and Spikevax.

**Does the formulation for the additional third dose or and first or second booster dose differ from the first 2 doses of COVID-19 vaccine? Update 7/11/22**

According to the CDC, the FDA-approved Pfizer-BioNTech Comirnaty COVID-19 vaccine and the FDA-authorized Pfizer-BioNTech COVID-19 vaccine have the same formulation and may be used interchangeably. The Pfizer-BioNTech COVID-19 vaccine administered for the first two doses of COVID-19 vaccine is the same formulation as the additional third dose and booster dose. While the ingredients are the same for all ages, people ages 12 years and older receive a higher dosage than children ages 6 months through 11 years old.

According to the CDC, the FDA-approved Moderna Spikevax COVID-19 vaccine and the FDA-authorized Moderna COVID-19 vaccine have the same formulation and may be used interchangeably. The Moderna COVID-19 vaccine administered for the first two doses of COVID-19 vaccine is the same formulation as the additional third dose. The Moderna COVID-19 booster dose is one-half the formulation the original series.

**Should a member get the vaccine if they are pregnant or considering pregnancy in the future? Update 7/11/22**

COVID-19 vaccination is recommended by the CDC, the American College of Obstetricians and Gynecologists, and the Society for Maternal Fetal Medicine for all people age 12 years and older. This includes people who are pregnant, breastfeeding, trying to get pregnant now or might become pregnant in the future. Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. Getting a COVID-19 vaccine can protect you from severe illness from COVID-19.

If you have questions, a conversation with your health care provider about the COVID-19 vaccine may be helpful.

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Can I have a mammogram after receiving a COVID-19 vaccine? Update 7/11/22

If mammography is scheduled within 6 weeks after your final vaccination shot, consult with your healthcare provider or physician if it should be rescheduled.

Do the COVID-19 vaccines affect fertility? Update 7/11/22

There is no evidence that the vaccine has any effect on male or female fertility. When the vaccine is given during pregnancy, the vaccine allows the mother to create antibodies which then protect both the mother and baby from infection.

If a member has had COVID-19, can they get vaccinated? Update 2/4/22

According to the CDC, COVID-19 vaccination should be offered to people regardless of whether they've already had COVID-19 infection. And members do not need an antibody or diagnostic test before or after they are vaccinated to learn if the vaccine worked. Anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the criteria to discontinue isolation. Additionally, current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. People with a recent infection may delay vaccination until the end of that 90-day period.

According to the CDC, if you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

If you or your child has a history of multisystem inflammatory syndrome in adults or children, CDC states you may want to consider delaying vaccination until you or your child have recovered from being sick and for 90 days after the date of diagnosis of MIS-A or MIS-C. Learn more about the clinical considerations people with a history of multisystem MIS-C or MIS-A.

What is known about the virus variants and vaccine protection? Update 2/4/22

According to the CDC, experts are continuing to study the variants of the virus that causes COVID-19. Viruses constantly change through mutation, and new variants of a virus are expected to occur over time. There are multiple variants of the virus that cause COVID-19 in the United States, and these variants seem to spread more easily than other variants. An increase in cases of COVID-19 can lead to more hospitalizations and potentially more deaths.
FDA-authorized and FDA-approved COVID-19 vaccines help prevent the virus from spreading, which in turn can help decrease the opportunity for virus variants to develop and spread. According to the CDC, COVID-19 vaccines do help protect against variants, and they continue to be closely investigated with more studies underway.

To help protect your health, follow public health safety practices: wear face masks, physically distance, wash hands regularly and isolate or quarantine when sick. Learn more visit the CDC website.

**What is known about masks and protecting my health? Update 8/25/22**

Masks help protect you and others from COVID-19. Learn more about when to wear a mask on the CDC site.

**Should members get a flu vaccination if a COVID-19 vaccine has been given or is being considered? Update 12/30/21**

According to the CDC, COVID-19 vaccines can be administered without regard to timing of other vaccines, including the flu vaccine. The flu vaccine and COVID-19 vaccine can be administered during the same visit. The CDC says that routine flu vaccination is an important preventive care service for children, adolescents, and adults (including pregnant people) that should not be delayed because of the COVID-19 pandemic.

**When do members need to quarantine? Update 8/25/22**

Local public health agencies determine quarantine recommendations. According to the CDC, quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Exposure is defined as 15 minutes or more of being within 6 feet of an individual who tested positive or had symptoms within 2 days of exposure. By not going in public or staying home, quarantine helps prevent disease spread before a person knows if they have it.

Learn more on the CDC website.

**What should I know about post-acute sequelae COVID (PASC) or “long COVID”? Update 7/11/22**

According to the CDC, while most people get over COVID-19 within weeks of illness, some people experience post-COVID-19 conditions that continue 4 weeks or more after infection. Several recent studies show that between 27-33% of patients who get COVID-19 and were not hospitalized
developed some lasting symptoms, no matter their age, prior health or severity of their infection. While much is still unknown, the CDC reports these “long COVID” conditions can come to life in a variety of ways, ranging from difficulty breathing, fatigue, joint pain or mood changes to even more serious issues like multi-organ damage or autoimmune conditions. FDA-authorized and FDA-approved COVID-19 vaccines play an important role in preventing serious illness from COVID-19. Additional information on PASC is available on the CDC website.

DISTRIBUTION AND AVAILABILITY

Where are COVID-19 vaccines available? Update 9/7/21
FDA-authorized and FDA-approved COVID-19 vaccines are widely available at retail pharmacies, doctors’ offices, hospitals, and federally qualified health centers. Find resources about vaccine availability for the member’s area →

What is UnitedHealthcare doing to support members at high risk? Update 7/11/22
According to the CDC, adults of any age with certain underlying medical conditions are at increased risk for severe illness from the virus that causes COVID-19. Severe illness from COVID-19 is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death. UnitedHealthcare is committed to helping our members at high risk find vaccination providers and get vaccinated.

UnitedHealthcare may offer support in three ways: 1) vaccine encouragement via email or telephone, inclusive of our Vaccine Resource Locator to help them find vaccination providers, 2) notification and clinical support through their care management program, or 3) notification and scheduling support through our customer service advocates. Through these programs, UnitedHealthcare encourages vaccination, helps the member find vaccination providers through our Vaccine Resource Locator and provides transportation or community resources, as appropriate. Transportation support varies across UnitedHealthcare plans. We encourage members to talk to their health care providers about when to get vaccinated for COVID-19.

What is UnitedHealthcare doing to remove barriers to access? Update 7/11/22
UnitedHealthcare has specific programs to help remove vaccination barriers to build vaccine confidence and support equitable access among both members and our communities.

- To build vaccine confidence, we are taking an insights-driven approach focused on empathy training, delivering the right messages and supporting the right messengers.

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• To support equitable vaccine access, data and analytics help us understand our population health dynamic and help guide our member engagement strategies. This includes focus on the right partners and channels for engagement, as well transportation and scheduling programs to support vaccination among the most vulnerable.

• UnitedHealthcare is also supporting initiatives focused on helping vaccinate the vulnerable and underserved through our STOP COVID-19 program and the health insurance industry’s Vaccine Community Connectors pilot initiative.

• Health equity is also at the center of how we do business. Our communications and experiences deliver on digital accessibility, health literacy and multi-lingual communications. Our corporate social responsibility program, Empowering Health, provides grant support to local community organizations to aid in health access among the most vulnerable and underserved populations.

Should I get vaccinated through my doctor? Update 7/11/22

UnitedHealthcare recommends you get the first COVID-19 vaccine that becomes available to you and is recommended by a health care professional.

We also recommend that you keep your doctor informed of your vaccination. Your UnitedHealthcare vaccine record may be one way you choose to share your vaccination with your doctor or other health care providers. The UnitedHealthcare vaccine record is not yet available for all members, as we work with the government and other vaccination providers to help make sure members’ COVID-19 vaccination data is complete.

Do I have a choice in COVID-19 vaccine? Update 7/11/22

Like the flu vaccine, vaccination providers will administer the COVID-19 based on availability. Vaccination providers may not have all FDA-authorized and FDA-approved COVID-19 vaccines at their location. If you have questions, we encourage you to talk to your health care provider.

FAQs section 3: Getting a first dose or booster

What do members need to bring to their vaccine appointment? Update 7/11/22

Bring your UnitedHealthcare member ID card, and be prepared to show your photo ID, such as a driver’s license, to show proof of identity.

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Additional information on preparing for your vaccination appointment can be found on the CDC website.

If the COVID-19 vaccine has no cost-share, why do members need to show their health insurance card? Update 9/7/21
For many members, UnitedHealthcare pays a fee to the vaccination provider for the administration of the vaccine. In addition, by providing their health insurance card, the member is helping make sure there is a vaccine record available through their online UnitedHealthcare member account (myuhc.com or medicare.uhc.com).
If a member receives additional services during their vaccination appointment or get the vaccination during a regular office visit, they may be responsible for copays, deductibles, coinsurance, or out-of-network charges, according to their benefits plan.

What should members expect at their appointment? Update 9/7/21
Here are 3 key points from the CDC for members to keep in mind as they prepare for their vaccination appointment:

1. Allow extra time. Members’ vaccination providers will likely monitor them after receiving the vaccine. This is in case of a rare allergic reaction. So, members should plan on the vaccination appointment taking some extra time.

2. Schedule the second dose. Members should plan ahead for their second dose by scheduling their second vaccine appointment if possible. Members can also sign up for free text messaging through the CDC’s VaxText to get a reminder about their second dose of the COVID-19 vaccine.

3. Vaccine cards should be kept in a safe place. Members should receive a vaccination card during their appointment that says which vaccine they received, the date it was received and where it was received. We suggest they keep it in a safe place.

If a member receives an additional dose, their vaccination card will be updated to reflect that dose at their next appointment. We encourage you to keep your card with you.

What if the member misses getting their next dose of the COVID-19 vaccine within the recommended window? Update 12/30/21
The CDC recommends getting the next shot in your series as close to the recommended timing as possible. Follow the vaccination instructions from the manufacturer. If a member misses their vaccination appointment or are outside of the timing, they can still get the second dose and they won’t need to start over with a first dose. And even if the second dose is late, the second dose will
still help them get protection from COVID-19. They should schedule their next appointment with their vaccination provider as soon as they can.

What if the member doesn’t remember which COVID-19 vaccine they received? Update 12/30/21
The member should have received a vaccination card at their first appointment with information on the COVID-19 vaccine manufacturer, date of their first vaccination and when their second dose is due. If they cannot find that their vaccination provider can help them know which vaccine they received. The member may also be able to find their vaccination information within their vaccine record in their secure account within myuhc.com or medicare.uhc.com.

What if the vaccine the member received isn’t available for the second dose of the primary series?
The member should talk to their health care provider or COVID-19 vaccination provider. They will help the member determine the best next step to completing the COVID-19 vaccination series.

ADDITIONAL PRIMARY DOSE AND BOOSTERS

Who is recommended to get a COVID-19 booster shot? Update 10/15/22
According to the CDC, several groups are authorized to receive a COVID-19 bivalent booster shot.

If you received the Pfizer-BioNTech COVID-19 vaccine, you can get a first booster if:
  • It's been at least 5 months since completing the primary series AND you are:
    • Age 5+
If eligible, you can get a booster of:
  • Pfizer-BioNTech *
  • Moderna
  • Janssen (J&J) – limited authorized use
 *
If you received the Moderna COVID-19 vaccine, you can get a first booster if:
  • It's been at least 5 months since completing the primary series AND you are:
    • Age 6+
If eligible, you can get a booster of:
  • Moderna
  • Pfizer-BioNTech
  • Janssen (J&J) – limited authorized use

If you received the Janssen (J&J) COVID-19 vaccine, you can get a first booster if:
• It's been at least 2 months since completing the primary series AND you are:
• Age 18+
If eligible, you can get a booster of:
• Moderna
• Pfizer-BioNTech
Janssen (J&J) – limited authorized use

2nd booster shot: CDC says certain immunocompromised individuals and people over the age of 50 who received an initial booster dose at least 4 months prior are eligible for another mRNA booster (Pfizer-BioNTech or Moderna).

If you received the Novavax COVID-19 vaccine, you are not eligible for booster doses.

Which COVID-19 booster should I get? Update 7/11/22
Eligible individuals may choose which vaccine they receive as a booster dose. Some people may have a preference for the vaccine type that they originally received, and others may prefer to get a different booster. CDC’s recommendations now allow for this type of mix and match dosing for booster shots. However, according to the CDC, an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) is preferred over the Janssen COVID-19 vaccine for booster vaccination. Recipients of an mRNA vaccine primary series ages 18+ who are unable to receive an mRNA booster dose may be offered a Janssen vaccine booster dose following discussion of the benefits and risks.

What is the difference between an additional primary dose and a booster shot? Update 3/31/22
An additional primary dose is administered to people with moderately to severely compromised immune systems. The additional primary dose of an mRNA COVID-19 vaccine is intended to improve immunocompromised people’s response to their vaccine primary series. A booster shot is administered when a person has completed their vaccine primary series to enhance or restore protection against COVID-19 which may have decreased over time.

Where can I get a COVID-19 booster shot? New 7/11/22
COVID-19 vaccines and boosters are widely available across vaccination providers, including retail pharmacies, doctors’ offices and other health systems.

Find vaccine providers for your area

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If I am immunocompromised, do I need an additional primary dose, a booster shot or both? **New 7/20/22**

**Additional Primary Dose**

According to the CDC, if you received a Pfizer-BioNTech (ages 12 and older) or Moderna (ages 18 and older) mRNA COVID-19 vaccine primary series and have a moderately to severely compromised immune system, you should receive an additional primary dose of the same mRNA COVID-19 vaccine at least 28 days after the second dose.

Currently, CDC does not recommend an additional primary dose if you received a single-dose J&J/Janssen COVID-19 vaccine or for people who have had the Novavax 2 doses.

**Booster Shots** **Update 7/11/22**

If I received an additional shot, do I need a booster or 4th shot? **Update 3/31/22**

CDC made an authorization for a second booster 4 months after the first booster.

Is it okay to “mix and match” COVID-19 vaccines when getting a booster? **New 12/30/21**

Eligible individuals may choose which vaccine they receive as a booster dose. Some people may have a preference for the vaccine type that they originally received, and others may prefer to get a different booster. CDC's recommendations now allow for this type of mix and match dosing for booster shots. However, according to the CDC, an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna) is **preferred** over the Janssen COVID-19 vaccine for booster vaccination. Recipients of an mRNA vaccine primary series ages 18+ who are unable to receive an mRNA booster dose may be offered a Janssen vaccine booster dose following discussion of the **benefits and risks**.

Can you mix and match the vaccines for an additional primary dose? **New 7/11/22**

The vaccine used for the additional primary dose should be same as the vaccine used for the primary vaccine series. If the mRNA vaccine product given for the first two doses is not available or is unknown, either mRNA COVID-19 vaccine product may be administered.

How long after getting my mRNA COVID-19 vaccine primary series can I get an additional primary dose? **New 7/11/22**

CDC recommends the additional primary dose of an mRNA COVID-19 vaccine be administered at least 28 days after a second dose of Pfizer-BioNTech COVID-19 vaccine or Moderna COVID-19 vaccine for immunocompromised people.

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What proof of eligibility do I need to provide to receive the COVID-19 vaccine booster or additional primary dose? New 12/30/21

To help ensure your safety, the CDC is recommending that you share your proof of vaccination card with your health care provider so they can confirm you meet the appropriate eligibility criteria.

Are there circumstances when a COVID-19 primary vaccine series should be repeated? New 12/30/21

Current guidance is if a member received COVID-19 vaccine/s prior to a hematopoietic cellular transplant (HCT) or CAR T-cell therapy, then a primary series should be repeated at least 3 months after the transplant.

If a member was treated with monoclonal antibodies or convalescent plasma, should they receive the COVID-19 vaccine? New 9/16/22

Per the CDC, individuals who previously received antibody products, anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma, as part of treatment for COVID-19, post-exposure prophylaxis, or pre-exposure prophylaxis can receive a COVID-19 vaccine at any time. COVID-19 vaccination does not need to be delayed after receipt of monoclonal antibodies or convalescent plasma.

As cited by the CDC, some reduction in COVID-19 vaccine-induced antibody titers is observed in people who previously received antibody products. But the clinical significance of this reduction is unknown. The benefits of COVID-19 vaccination versus the risks favors proceeding with vaccination. This is despite the possibility of diminished vaccine effectiveness.

However, for individuals who previously received a COVID-19 vaccine, administration of tixagevimab/cilgavimab (EVUSLEDTM) for pre-exposure prophylaxis should be delayed for at least 2 weeks after vaccination, as per the product EUA.

FDA AUTHORIZED COVID-19 UPDATED BOOSTER

What is the recent authorization for updated bivalent boosters for Pfizer and Moderna? Update 10/15/22

The Food and Drug Administration (FDA) authorized, and the CDC has recommended, bivalent formulations of the vaccines for use as a single booster, or “updated booster”, for Pfizer and Moderna that includes a formula that has two components. The first component is designed to be
effective for the original strain of the COVID virus and the second component is designed to be effective for the Omicron variants of the virus that are now the dominant strain in the USA.

The original booster, like the COVID-19 vaccine primary series, is considered monovalent and now the updated booster is **bivalent**, meaning two, because it has mRNA components that are designed to protect individuals from both the original and the Omicron variants.

The updated bivalent booster doses for both Pfizer and Moderna are:

- **Moderna** — a single booster dose administered at least two months following their primary or earlier booster vaccination. It is authorized by FDA for individuals ages 6+ who have had their primary doses of the COVID-19 vaccine.

- **Pfizer-BioNTech** — a single booster dose administered at least two months following the primary or earlier booster vaccine. It is authorized by FDA for individuals ages 5+ who have had their primary doses of the COVID-19 vaccine.

FDA has instructed anyone that has an appointment who is 5+ (Pfizer) or 6+ (Moderna) to schedule their vaccine appointment to receive the updated bivalent booster.

However, these monovalent vaccines continue to be authorized by FDA and recommended by the CDC for use for administration of a **primary series** for individuals 6 months of age and older as described in the letters of authorization.

**Why is there a new updated booster? New 9/9/22**

The FDA emergency authorized use of bivalent COVID-19 vaccines, or updated boosters, include an mRNA component of the original strain to provide an immune response that is broadly protective against COVID-19 and an mRNA component in common between the Omicron variant BA.4 and BA.5 lineages to provide better protection against COVID-19 caused by the omicron variant. These Omicron variants are currently causing most cases of COVID-19 in the U.S. and are predicted to circulate this fall and winter.

In June, the FDA Vaccines and Related Biological Products Advisory Committee voted overwhelmingly to include an omicron component in COVID-19 booster vaccine.

**Are there side effects if you get the updated booster? New 9/9/22**

Individuals who receive a bivalent COVID-19 vaccine may experience side effects that are similar to those commonly reported by individuals who receive the monovalent mRNA COVID-19 vaccines booster. However, according to the FDA data, the bivalent COVID-19 vaccines are expected to provide increased protection against the currently circulating omicron variant.
If a person already received a booster, should they get the updated booster as well? New 9/9/22

Yes. Individuals 5 years and older (Pfizer) and 6+ (Moderna) who received a primary series with any vaccine or who received a booster prior to the updated booster are recommended to receive 1 bivalent booster dose. There should be at least 2 months between the last vaccine or booster and the administration of an updated booster.

May an individual who is eligible for the bivalent booster continue to receive the older monovalent booster? New 10/15/22

The monovalent mRNA COVID-19 vaccines are no longer authorized by FDA as booster doses.

Are these new updated bivalent vaccines safe? New 9/9/22

According to FDA, for each of the bivalent COVID-19 vaccines authorized today, FDA evaluated immunogenicity and safety data from a clinical study of a booster dose of a bivalent COVID-19 vaccine that contained a component of the original strain of COVID-19 and a component of the omicron variant. The FDA considers such data as relevant and supportive of vaccines containing a component of the omicron variant BA.4 and BA.5 lineages. Furthermore, data pertaining to the safety and effectiveness of the current mRNA COVID-19 vaccines, which have been administered to millions of people, including during the omicron waves of COVID-19, contributed to the agency’s evaluation.

The monovalent and the bivalent vaccines are manufactured using the same process.

Can an individual get both the flu and the updated booster at the same time? New 9/9/22

Yes. COVID-19 vaccines and boosters may be administered at the same time as the flu and certain other vaccines.

Can an individual who has had certain COVID-19 treatments such as monoclonal antibodies be vaccinated or boosted at the same time? New 9/9/22

Yes. Individuals should speak with their medical provider.

However, for moderate or severely immunocompromised people who receive a vaccine or booster should wait at least 2 weeks before receiving EVUSHIELD.
POST VACCINATION

What if the member experiences side effects? Update 9/7/21
Side effects from vaccines are normal signs that your body is building protection. As with other vaccines and according to the CDC, people have reported some side effects with the FDA-authorized and FDA-approved COVID-19 vaccines. The most common side effect is a sore arm. Some other side effects may feel like flu and might even affect your ability to do daily activities. But they should go away in a few days. Members can learn more on the CDC website.

If the member experiences pain or discomfort after their vaccination, they can talk to their doctor about taking over-the-counter medicine, such as ibuprofen or acetaminophen. They can also use a virtual visit to connect with a health care professional to discuss their symptoms.

In the event of an emergency, call 911 or go to the nearest hospital.

If members have side effects that bother them or do not go away, they should report them to their vaccination provider or primary care provider. They should also notify the CDC at 1-800-822-7967. This is because the CDC and FDA continue to monitor the safety of the FDA-authorized and FDA-approved COVID-19 vaccines. Members can also use the CDC’s v-safe mobile app, which will help them monitor side effects and get second dose reminders.

What if the member experiences side effects from the Johnson & Johnson’s Janssen vaccine? Update 9/7/21
According to the CDC, if the member got the Janssen vaccine within the last 3 weeks, their risk of developing a blood clot with low platelets is very low. However, they be on the lookout for possible symptoms of a blood clot with low platelets, which typically occur within 3 weeks of vaccination. Seek medical care urgently if any of these symptoms develop:

- Severe headache
- Backache
- Blurred vision
- Fainting
- Seizures
- Severe pain in your abdomen or stomach
- Severe pain in your chest
- Leg swelling
- Shortness of breath
- Tiny red spots on the skin (petechiae)
- New or easy bruising or bleeding

If you have other questions, call your primary care provider or other health care professional. You can also use a virtual visit to connect with a health care professional. To access 24/7 on-demand virtual visits through a designated national provider, sign in to your online UnitedHealthcare account. Cost-share for the virtual visit will be according to your benefits plan.

Learn what you need to know about mask-wearing and choosing safer activities

Do I need a COVID-19 test after I get vaccinated to make sure it’s working? Update 7/11/22
No, the CDC and FDA do not recommend people get COVID-19 antibody or diagnostic testing to understand whether a vaccine worked.

If exposed to COVID-19 post-vaccination, do I need to quarantine? Update 8/25/22
If you had close contact with someone with COVID-19, refer to the CDC site for steps you should take regardless on your vaccination or previous infection status.

Learn more on the CDC website.

What should members do with their vaccination card? Update 7/11/22
We encourage you to keep your vaccination card in a safe place. You may want to consider taking a picture or scan of the vaccination card as a backup copy. You should not post a picture of your vaccination card on the internet or via social media, as there may be people who try to use your information as their own.

Your vaccine record, which may be available through your online UnitedHealthcare member account and mobile app, may also be helpful in situations where you may need to show proof of vaccination. If you currently do not have one showing, you can self-report your vaccination, so you have digital proof of vaccination to use and share as you’d like.

I don’t see my vaccine information in my UnitedHealthcare account or mobile app? What do I do? Update 12/30/21
- You can self-report your COVID-19 vaccination information to receive a digital vaccine record in your secure account at myuhc.com or medicare.uhc.com.
- You can also continue to use your CDC card as proof of vaccination.
- You may also check with your vaccination provider to see if they have a digital vaccination record available for you.

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UnitedHealthcare also continues to work closely with states and other vaccination providers to help members have access to an accurate and reliable view of your COVID-19 vaccination status through your secure UnitedHealthcare member account (myuhc.com or medicare.uhc.com). Until that reliable member vaccination information is received at UnitedHealthcare, vaccination information will not be available to members.

**Will UnitedHealthcare have a member digital vaccine record?** Update 12/30/21
Yes, many members have access to their vaccine record within their online UnitedHealthcare member account and the UnitedHealthcare mobile app. The record puts the member’s vaccination information at their fingertips, and may be helpful for employment, return to school or doing other activities where a COVID-19 vaccination record may be requested. This vaccine record is not intended to replace your official CDC COVID-19 Vaccination Record Card.

If your vaccine record is missing, members may choose to self-report their vaccination within their online UnitedHealthcare member account. This record can be printed or shared as you’d like. Should we receive updated vaccination data from the member’s vaccination provider, their self-reported data will be replaced.

We encourage members to keep their doctor informed of their vaccination. The UnitedHealthcare digital vaccination record is one way the member may choose to share their vaccination information with their doctor or other health care provider.

At this time, UnitedHealthcare will not have a COVID-19 vaccination record for all members given the many different vaccination sites and resulting incomplete data. UnitedHealthcare continues to work closely with states and other vaccination providers to help make sure members will have access to a reliable and accurate status of their vaccination.

**Do members need a COVID-19 test after they get vaccinated to make sure it’s working?** New 12/30/21
No, the CDC and FDA do not recommend people get COVID-19 antibody or diagnostic testing to understand whether a vaccine worked.

**If exposed to COVID-19 post-vaccination, do members need to quarantine?** Update 12/30/21
According to the CDC, people who are fully vaccinated are not required to quarantine following a direct exposure to someone with COVID-19, unless they are experiencing symptoms. Fully vaccinated people are considered those who have had the one-dose vaccine or both doses of a two-dose vaccine, and a period of 2 weeks has passed to allow for the vaccine to work. There are additional considerations for fully vaccinated patients and residents in health care facility settings.

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VACCINE CLAIM, BILLING AND REPORTING

How will participating providers and pharmacist bill vaccine administration? New 12/10
Participating providers may bill the UnitedHealthcare medical benefit through our standard claims process.
Pharmacist should submit to their claim pharmacy platform. Rates will be paid at the CMS defined reimbursement levels. State Medicaid may provide different guidance.

If an out-of-network provider bills above the CMS published rates for the administration of the vaccine, the member will not be held liable for payment of the administration service. Per federal provisions, a health care provider may not balance bill or impose cost share on a member for the cost of a vaccine or the administration. This applies for both in- and out-of-network providers.

What is the COVID-19 vaccine cost to customers? Update 10/17/21
The COVID-19 vaccine serum will initially be paid by the government. For Employer and Individual health plans, UnitedHealthcare and self-funded customers will be required to cover the administration of COVID-19 vaccines with no cost-share for in- and out-of-network providers, during the national public health emergency period. Administration fees for in-network providers will be based on contracted rates. Administration fees for out-of-network providers will be based on CMS published rates as noted below.

- Administration fees for in-network providers will be based on contract rates. Like CMS admin published rates with some variance higher or lower due to contracted rates.
- Administration fees for out-of-network providers will be based on CMS published rates
- Administration fees for vaccines in a pharmacy is based on the new CMS rate of $40 per dose that began March 15, 2022.

For COVID-19 vaccine administration billing and reimbursement information, go to uhcpprovider.com.

What is the member and plan sponsor cost share? New 12/10
The COVID-19 vaccine serum will initially be paid by the government. Eligible members receiving the vaccine will not have any out-of-pocket costs.

For Employer and Individual health plans, UnitedHealthcare and self-funded customers will be required to cover the administration of COVID-19 vaccines with no cost share for in- and out-of-network providers, during the national public health emergency period. Administration fees for in-
network providers will be based on contracted rates. Administration fees for out-of-network providers will be based on CMS published rates.

What is UnitedHealthcare approach for medical claims? Update 2/26/2021

UnitedHealthcare aligns with America Medical Association (AMA) CPT coding for medical claims. Health care professionals should use published AMA CPT codes when submitting COVID-19 vaccine and vaccine administration claims to UnitedHealthcare under the medical benefit.

Currently approved [AMA CPT Codes]:

Additional codes will be added as they become available.

Codes will be added to all applicable provider fee schedules as part of the standard quarterly code update and any negotiated discounts and premiums will apply to these codes. Codes will be added using the CMS published effective date for the codes and payment allowance as the primary fees source.

Modifiers
Modifiers are not required when submitting administration COVID-19 vaccine or vaccine claims through medical.

What is UnitedHealthcare approach for pharmacy claims and administrative costs? New 12/10
Pharmacies will be allowed to bill UnitedHealthcare directly for the costs associated with the administration of COVID-19 vaccines. Pharmacists administering the COVID-19 vaccine serum provided by the federal government should submit claims through their pharmacy claims platform. Claims for Medicare Advantage members should be billed to the applicable CMS Medicare Administrative Contractor (MAC).

National Council for Prescription Drug Programs (NCPDP) has designated two submission clarification codes (SCC) for pharmacy billing as the differentiating value for the dose currently being administered. OptumRx® is updating its claims system to allow different reimbursement rates based on the submitted SCC and professional service code value from the pharmacy:

<table>
<thead>
<tr>
<th>SCC/PSC Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCC 2</td>
<td>Indicates initial dose</td>
</tr>
<tr>
<td>SCC 6</td>
<td>Indicates that the previous medication was a starter dose and additional</td>
</tr>
<tr>
<td></td>
<td>medication is needed to continue treatment</td>
</tr>
<tr>
<td>“MA” (Medication</td>
<td>Indicates that pharmacies can submit claims with a DUR PPS code = MA to</td>
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<td>Administered)</td>
<td>trigger an administration fee</td>
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Additional information on billing pharmacy claims can be found in the NCPDP Emergency Preparedness Guidance –COVID-19 Vaccines guide.

What is UnitedHealthcare reporting for COVID-19 vaccines? New 1/15/2021

COVID-19 vaccine analytics for UnitedHealthcare customers is available on the current self-service COVID-19 Claim Summary Report. This report site is expanding to include a section reflecting the number of members who are partially and fully vaccinated. For questions contact your UnitedHealthcare representative.

Will UnitedHealthcare cover services for the treatment of side effects from the COVID-19 vaccine? New 2/25/2021

Although mild to moderate adverse effects are relatively common following vaccine administration, side effects requiring medical treatment are rare. In the event a vaccine side effect does require a patient to seek medical care, those services will be covered according to their benefit plan. Standard member cost sharing will apply.

Are there diagnosis codes used to indicated that services are related to an adverse reaction to the COVID-19 vaccine? New 2/25/2021

There are not specific codes to use for treatment claims for patients with COVID-19 side effects. Claims should be billed to reflect the appropriate symptoms and services provided.

ADDITIONAL RESOURCES

Where can we get additional information? Update 3/1/2021

- CDC Vaccine Finder: https://vaccinefinder.org/search/
- 8 things to know about COVID-19 vaccines from the CDC
- Authorized COVID-19 vaccines from the FDA
- COVID-19 vaccine myths debunked
- FDA COVID-19 Vaccines
- UnitedHealthcare COVID-19 Member Resource Center - Health care professionals, partners, customers and members can expect timely UnitedHealthcare communications on uhc.com, members' online UnitedHealthcare accounts and uhcprovider.com regarding COVID-19 vaccine access, coverage and cost.

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• **8 things to know about COVID-19 vaccines** from the CDC
• **Authorized COVID-19 vaccines** from the FDA
• **COVID-19 vaccine myths debunked**
• **CDC COVID-19 Vaccines**
• **FDA COVID-19 Vaccines**
• Pharmacies participating in the COVID-19 vaccination program: [https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html](https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html)

**Vaccine Billing Resources for providers**

• [CMS Medicare Billing for COVID-19 Vaccine Shot Administration](https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html)
• [CMS Coding for COVID-19 Vaccine Shots](https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html)
• [CMS COVID-19 Vaccine Shot Payment](https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html)
• [Roster Billing Guidance](https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html)
PHARMACY VACCINES

Note: some of the talking points and FAQs are like the general vaccine messages, with specific pharmacy content embedded.

Retail pharmacy vaccine cost and reimbursement Updated 9/19/22

An overview of reimbursement information is captured below. For additional information, billing guidance and resources for COVID-19 vaccine administration, please go to UHCprovider.com.

Employer and Individual

For Employer and Individual health plans, including Individual Exchange plans, UnitedHealthcare and self-funded customers cover the administration of COVID-19 FDA-authorized vaccines with no cost share for in- and out-of-network providers during the national public health emergency period. This includes administration of additional doses to those who are moderately to severely immunocompromised as defined by the CDC and booster doses as recommended. Implementation for self-funded customers may vary.

Reimbursement for vaccine administration will be based on contracted rates, unless otherwise specified by state regulations.

Medicare Advantage

Through 2021, charges for the COVID-19 vaccine and vaccine administration were billed to the CMS Medicare Administrative Contractor (MAC). The MAC reimbursed claims for Medicare members with no cost share. For more information, visit the CMS COVID-19 Insurer’s Toolkit.

Effective Jan. 1, 2022, claims for COVID-19 vaccine administration should be submitted through the appropriate pharmacy claims platform, as outlined below. They should no longer be billed to the MAC.

Coverage of vaccine administrative services is provided under the UnitedHealthcare Medicare Advantage plan medical benefit with $0 member copay. COVID-19 vaccinations and associated administration are not eligible for Part D pharmacy benefit coverage.

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Medicaid

Medicaid state-specific rules and other state regulations may apply. Some state agencies have not yet advised how they will cover this benefit or their reimbursement strategy. For Medicaid and other state-specific regulations, please refer to your state-specific website or your state’s UnitedHealthcare Community Plan website, if applicable.

Pharmacy claim adjudication Update 9/19/22

The COVID-19 vaccine administration will be covered as follows:

- **Employer and Individual Fully Insured plans, including Exchanges:** For pharmacy benefits that currently provide coverage for vaccines, such as the flu shot, pharmacies were able to submit the claim through the pharmacy benefit as of Dec. 14, 2020. Effective Jan. 13, 2021, coverage for COVID-19 vaccines was added to all Fully Insured plans that do not currently offer vaccine coverage under the pharmacy benefit.
  
  - Some plans have limited benefit designs and may not cover COVID vaccine. These include Contraceptive Services Only (CSO) plans and unique groups part of USHEALTH Group (USHG), Golden Rule and KA International.

- **Employer Self-Funded (ASO) plans:** Coverage for the COVID-19 vaccine administration has been added.

- **Medicare:** Coverage for the COVID-19 vaccine for plans with Part D will be administered under Medicare Part B under the medical benefit through 2021.

  Through 2021, charges for the COVID-19 vaccine and vaccine administration were billed to the CMS MAC. The MAC reimbursed claims for Medicare members with no cost share. For more information, visit the CMS COVID-19 Insurer’s Toolkit.

  Effective Jan. 1, 2022, claims for COVID-19 vaccine administration should be submitted through the appropriate pharmacy claims platform, as outlined below. They should no longer be billed to the MAC.

  Coverage of vaccine administrative services is provided under the UnitedHealthcare Medicare Advantage plan medical benefit with $0 member copay. COVID-19 vaccinations and associated administration are not eligible for Part D pharmacy benefit coverage.

- **Medicaid:** CMS has mandated that states must cover COVID-19 vaccine administration fees with a $0 cost share. Some state agencies have not yet advised how they will cover this benefit or their reimbursement strategy. Although these claims may be administered
through the pharmacy platform, in some markets, these costs may be treated as a medical benefit expense or billed directly to the state’s Fee-for-Service (FFS) program.

As noted, in the Overall Billing Guidance section, vaccination providers may bill the UnitedHealthcare medical benefit through the already-established network maintained by UHN.

- This only includes a sub-set of pharmacy providers that currently participate in the established vaccine network. This will not be available to pharmacies that don’t currently participate in the network contracted through UnitedHealthcare.
- Rates will be paid at the contract-defined reimbursement rates

**Overall Billing Guidance Update 9/19/22**

- Pharmacies have been identified as a critical access point and are heavily involved in vaccine distribution and administration efforts. Pharmacies must enroll in the Centers for Disease Control and Prevention (CDC) Federal Pharmacy Partnership Strategy for COVID-19 Vaccination program to administer the vaccine.

- Pharmacies are allowed to bill UnitedHealthcare directly for the costs associated with claims for COVID-19 vaccine administration, when applicable. This does not apply to claims for Medicare beneficiaries:
  - Through 2021, claims for COVID-19 vaccine administration should be billed to the Centers for Medicare & Medicaid Services (CMS) Medicare Administrative Contractor (MAC.).
  - Effective Jan. 1, 2022, claims for COVID-19 vaccine administration should be submitted through the appropriate pharmacy claims platform, as outlined below. They should no longer be billed to the MAC.

Coverage of vaccine administrative services is provided under the UnitedHealthcare Medicare Advantage plan medical benefit with $0 member copay. COVID-19 vaccinations and associated administration are not eligible for Part D pharmacy benefit coverage.

- Two initial claim billing processes are available:
  1. **Pharmacy platform**
     - Pharmacies are allowed to submit vaccine administration claims using the same platform used to submit typical pharmacy claims for a drug.
Specific guidance on how to submit claims has been provided to pharmacies.

- This will cover both in- and out-of-network pharmacies that have access to the vaccine.
- Rates will be paid at the contract-defined reimbursement rates.
  - State Medicaid agencies provide specific guidance on claim adjudication and reimbursement.
  - Lines of business may determine if these costs are considered a medical or pharmacy benefit expense.

2. UnitedHealth Networks (UHN) Vaccine Network

Vaccination providers may bill the UnitedHealthcare medical benefit through the already-established network maintained by UHN.

- This only includes a sub-set of pharmacy providers that currently participate in the established vaccine network. This will not be available to pharmacies that don’t currently participate in the network contracted through UnitedHealthcare.

- Rates will be paid at the contract-defined reimbursement rates.

**How many doses of COVID-19 vaccine are recommended by the CDC? Update 9/19/22**


The age groups vary for each COVID-19 vaccine available under an FDA approval or Emergency Use Authorization (EUA). The [CDC](#) and the Advisory Committee on Immunization Practices (ACIP) have issued recommendations for the primary series, additional primary dose (i.e., third dose) and booster dose(s) of each COVID-19 vaccine. For vaccine timing (days between doses, etc.), review the CDC’s At-A-Glance COVID-19 Vaccination Schedules.

**NOTE:** According to the CDC, the Johnson and Johnson (Janssen) COVID-19 vaccine should only be used in limited situations. The mRNA COVID-19 vaccines (i.e., the Comirnaty Pfizer-BioNTech or Moderna COVID-19 vaccine) or Novavax COVID-19 vaccine are recommended over the Johnson and Johnson (Janssen) COVID-19 vaccine due to the risk of thrombosis with thrombocytopenia syndrome (TTS).

**Who should get an additional primary dose of a COVID-19 vaccine? Update 9/19/22**
The CDC recommends individuals who may be less likely to mount a protective immune response after the initial vaccination receive an additional primary dose of COVID-19 vaccine. Individuals should talk with their physician or health care provider about their medical condition and whether getting an additional primary dose is appropriate for them.

Who should get a booster dose of a COVID-19 vaccine? Update 10/15/22

The CDC recommends children ages 5–11 receive an mRNA booster dose if eligible (i.e., if a booster dose is FDA-authorized for use in a specified population).

Does the formulation and dose differ between the vaccines for the primary series and potential booster doses? Update 9/19/22

The CDC’s Clinical Considerations for use of COVID-19 Vaccines webpage outlines age-specific dosing/volume and vial label information.

Are there side effects associated with COVID-19 vaccines? Update 9/19/22

Per the CDC, you may have some side effects after getting a COVID-19 vaccine. In most cases, these side effects are a normal sign that your body is building protection against COVID-19. In the event of an emergency, individuals should call 911 or go to the nearest hospital. Common side effects include:

- Pain, redness and swelling on the arm where you received the vaccine
- Tiredness, headache, muscle pain, chills, fever, and nausea

Contact your physician or health care provider if the:

- Pain, redness or swelling on the arm where you received the vaccine gets worse after 24 hours
- Side effects do not go away after a few days

Patients who have side effects that bother them or do not go away are asked to report them to their vaccination provider or primary care provider. Health care professionals should also notify the CDC at 800-822-7967. This is because the CDC and FDA continue to monitor the safety of the COVID-19 vaccines that are currently approved or authorized by the FDA. Individuals can also use the CDC’s v-safe mobile app, which will help you monitor side effects and get second dose reminders.
If the COVID-19 vaccine requires an additional primary dose, should the same product be used? Update 9/19/22

Per the CDC, in general, the primary series, including any additional primary dose, should be completed with the same monovalent vaccine product. A mixed primary series composed of any combination of the Moderna, Novavax and Pfizer-BioNTech COVID-19 vaccines is not authorized.

For example, if a member receives the Pfizer-BioNTech product as their first dose of COVID-19 vaccine, the second dose should be the Pfizer-BioNTech product. If the member were moderately or severely immunocompromised, the third additional primary dose should also be the Pfizer-BioNTech product.

The CDC has published guidance regarding the Interchangeability of COVID-19 vaccine products for the unusual circumstances where a different, age-appropriate COVID-19 vaccine must be administered to complete a primary series.

For those moderately or severely immunocompromised individuals who received the Johnson & Johnson (Janssen) COVID-19 Vaccine as their first dose, the CDC recommends a monovalent mRNA vaccine for the second additional primary dose.

Is it possible to be infected with COVID-19 after receiving the COVID-19 vaccine? Update 9/19/22

According to the CDC, COVID-19 vaccines are safe, effective, and help prevent infection, serious illness, and death. However, the vaccines are not 100% effective. Some individuals who are up to date with their COVID-19 vaccines will still get infected with COVID-19. Most individuals infected with COVID-19 are unvaccinated. Because of this, the CDC recommends COVID-19 vaccination for all individuals ages 6 months and older for the prevention of COVID-19. The protection COVID-19 vaccines provide may decrease over time. The CDC also recommends at least 1 booster dose of COVID-19 vaccine for all individuals ages 5 years and older, if eligible (i.e., if a booster dose is FDA-approved or authorized for use in a specified population).

The CDC also provides individuals with additional recommendations on How to Protect Yourself & Others from COVID-19 infection.

Should I get the vaccine if I am pregnant, breastfeeding, trying to get pregnant or want to get pregnant in the future? Update 9/19/22

The CDC recommendations for COVID-19 vaccination, including getting a COVID-19 booster shot, apply to people who are pregnant, breastfeeding, trying to get pregnant now or who might become pregnant in the future. Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. COVID-19 vaccination during
pregnancy or while breastfeeding builds antibodies against COVID-19, just like in people who are not pregnant or breastfeeding. More data are needed, but these antibodies may also offer some protection to the baby during pregnancy and while breastfeeding.

There is no evidence that the vaccine has any effect on male or female fertility. If you have questions, a conversation with your health care provider about the COVID-19 vaccine may be helpful.

**Should a member receive the COVID-19 and other vaccines, such as the influenza vaccine, at the same time? Update 9/19/22**

Per the CDC, you can get a COVID-19 vaccine and other vaccines, such as the influenza vaccine, at the same time.* The possible side effects and the way our body develops protection are generally the same when vaccines are given alone or with other vaccines.

The CDC says that routine flu vaccination is an important preventive care service for children, adolescents and adults (including pregnant people) that should not be delayed because of the COVID-19 pandemic. Before receiving any vaccines, members should have a discussion with their physician or health care provider regarding recent or planned vaccines and history of allergic reactions.

*According to the CDC, there is a risk of myocarditis for individuals who receive both an orthopoxvirus vaccine and an mRNA (i.e., Moderna and Pfizer-BioNTech) or Novavax COVID-19 vaccine. Orthopoxvirus vaccines are for the prevention of smallpox or monkeypox disease. Before receiving both an orthopoxvirus vaccine and an mRNA COVID-19 vaccine, you should discuss the possible risks and benefits with your physician or health care provider.

**Should members continue to wear face masks after receiving the COVID-19 vaccine? Update 9/19/22**

The CDC makes recommendations for masks and other precautions based on COVID-19 Community Levels. A community may be classified as Low, Medium, or High based on the number of new COVID-19 cases, the number of hospital admissions for COVID-19, and the number of hospital beds being used to treat patients with COVID-19. Members can determine their COVID-19 Community Level on the CDC’s COVID-19 by County website. The CDC also makes recommendations for masks and other precautions for People with Certain Medical Conditions.

Members should follow the CDC guidelines, How to Protect Yourself & Others and Use and Care of Masks. The CDC also provides information on the different Types of Masks and Respirators available to protect yourself and others from COVID-19.
If someone receives the vaccine and is then exposed to someone with suspected or confirmed COVID-19, do they need to quarantine? **Update 9/19/22**

The CDC published detailed guidance regarding What to Do If You Were Exposed to COVID-19. Regardless of your vaccination status or if you have had a previous infection COVID-19, you should start precautions immediately. These precautions include:

- Wear a high-quality mask or respirator (e.g., N95) any time you are around others inside your home or indoors in public as soon as you find out you were exposed.
- Do not go places where you are not able to wear a mask. This includes traveling and in public transportation settings.
- Extra precautions may be necessary if you are around individuals who are more likely to get very sick from COVID-19.
- Watch for Symptoms of COVID-19. If you develop symptoms, isolate immediately, get tested and stay at home until your results are available. If you test positive, follow the Isolation and Precautions for People with COVID-19.
- Even if you don’t develop Symptoms of COVID-19, get tested for COVID-19 at least 5 full days after your last exposure. If you test negative, you should continue taking precautions through day 10. If you test positive, follow the Isolation and Precautions for People with COVID-19.

**Should the overall safety of COVID-19 vaccines be a concern?**

According to the [CDC](https://www.cdc.gov), COVID-19 vaccines are safe, effective, and help prevent infection, serious illness, and death. The safety of COVID-19 vaccines is a top priority, and millions of people have already been safely vaccinated. COVID-19 vaccines have undergone, and will continue to undergo, intensive safety monitoring by the CDC and FDA.