## Your Health Solutions Partner

## **Preventive Vaccines**

(Vacunas cubiertas) Current (Correinte) 1/1/25

\*These vaccines may be covered under your medical benefit.

NOTE: Coverage for preventive services are subject to the member's benefit terms, limitations and maximums.

**ABRYSVO** 

**ACTHIB** 

**ADACEL** 

**AFLURIA** 

**AREXVY** 

**BEXSERO** 

**BEYFORTUS\*** 

**BOOSTRIX** 

**CAPVAXIVE** 

**COMIRNATY** 

**DAPTACEL** 

**ENGERIX-B** 

**FLUAD** 

**FLUARIX** 

**FLUBLOK** 

**FLUCELVAX** 

**FLULAVAL** 

**FLUMIST** 

**FLUZONE** 

FLUZONE/HIGH-DOSE

**GARDASIL** 

**HAVRIX** 

**HEPLISAV** 

HIBERIX

**INFANRIX** 

**IPOL INACTIVATED IPV\*** 

**JYNNEOS** 

**KINRIX** 

**MENACTRA MENQUADFI** 

**MENVEO** M-M-R II

MODERNA COVID-19 VACCINES

mRESVIA

**NOVAVAX COVID 19 VACCINE** 

**PEDIARIX** 

PEDVAX HIB

**PENBRAYA** 

**PENTACEL** 

PFIZER-BIONTECH COVID-19 VACCINES

PNEUMOVAX 23

**PREHEVBRIO** 

PREVNAR 13

PREVNAR 20

**PRIORIX** 

**PROQUAD** 

**QUADRACEL** 

RECOMBIVAX HB

**ROTARIX** 

**ROTATEQ** 

**SHINGRIX** 

**SPIKEVAX** 

**TDVAX** 

**TENIVAC TRUMENBA** 

**TWINRIX** 

**VAQTA** 

**VARIVAX** 

**VAXELIS** 

**VAXNEUVANCE**