

MEDICAID PLANS THAT COVER HEPATITIS A VACCINE



PLAN NAME	AGE	EXPANDED BENEFIT COVERAGE	PRIOR AUTHORIZATION REQUIRED?	COVERAGE AREA (REGIONS)	ADDITIONAL INFORMATION
Magellan (MCC)	21 & older	Two doses per enrollee	No	4, 5, 7	
Miami Children's (MCH)	21 & older	One every 10 years	No	9 and 11	Temporary coverage - only at county health departments during public health emergency period
Simply	21 & older	One Hepatitis A Vaccine Series (two units lifetime per eligible member)	Yes	5, 6, 10, 11	Available for members identified as high-risk
Community Care Plan (CCP)	21 & older	2-dose series HepA 3-dose series HepA-HepB	No	10	
Staywell	21 & older	Unlimited	No	Statewide	
Aetna	21 & older	Two doses	No	6,7,11	
Sunshine	21 & older	Two doses per lifetime	Yes	Statewide	
Humana	21 & older	Two-dose scheduled vaccine—once per lifetime	No	Statewide	Available for members identified as high-risk
United	21 & older	Two doses (initial vaccine, and then subsequent booster if needed)	No	3, 4, 6, 11	
FCC	21 & older	HAVRIX and VAQTA: 1-mL primary dose and a 1-mL booster dose	Yes	Statewide	Non-Dual Medicaid Members
Lighthouse	21 & older	Two doses	Yes	1, 2	Available for members identified as high-risk
Vivida	21 & older	Two doses	Yes	8	
Molina	21 & older	Two doses per benefit year, at least 6 months apart	No	8, 11	Members who are only enrolled in the LTC program are excluded
Prestige	21 & older	One (1) dose	No	9, 11	