



**Iowa Vaccines for Adults (VFA)
Program Eligibility by Insurance
Status**

Patient Insurance Status	VFA Vaccine Eligibility
Uninsured – Does not have private insurance, Medicare, or Medicaid	Eligible for ALL Available VFA Vaccines
Underinsured – A person who has health insurance, but the insurance does not cover any vaccines; a person whose insurance covers only selected vaccines; a person whose insurance does not provide first-dollar coverage	Eligible for VFA vaccines that are not covered by the insurance plan, when the plan cap is reached, or if they do not have first-dollar coverage for vaccines ⁴
Medicare Part B only¹	Eligible for the following routine VFA vaccines: <ul style="list-style-type: none"> • Hep A • Hep B if not high or medium risk¹ • HPV • MMR • Meningococcal • RSV • Tdap • Varicella
Medicare Part D only²	Eligible for the following routine VFA vaccines: <ul style="list-style-type: none"> • Hep B • PCV
Private insurance³ – Has private insurance that covers all vaccines, or has insurance and has not yet met the plan’s deductible or cap	NOT Eligible for VFA vaccines
Iowa Health Link – Is a member of Iowa Health Link or is receiving Medicaid coverage through a fee-for-service model	NOT Eligible for VFA vaccines
Medicare Part B AND Part D – Has both Medicare plans	NOT Eligible for VFA vaccines

¹ Medicare Part B covers COVID-19, influenza, pneumococcal, and other vaccines (i.e. Td, Hep B and Rabies) directly related to the treatment of an injury or direct exposure to a disease or condition. Hep B vaccine is only available to low-risk patients because Medicare Part B will cover Hep B vaccine when a patient is considered high or medium risk for contracting Hepatitis B.

² Excluding vaccines covered under Part B, Medicare Part D generally covers all commercially available vaccines needed to prevent illness. Contact your patient’s plan to determine coverage.

³ Fully insured adults whose insurance covers the cost of vaccine(s) are not eligible for VFA vaccine(s). If insurance does not cover all vaccines, or has a cap on prevention services, the patient is eligible for VFA vaccine(s). Those patients are eligible for vaccines not covered, or once the cap has been met.

⁴ First-dollar means coverage of ACIP-recommended vaccines without cost sharing to the patient