Tennessee

Welcome to the community

Tennessee CoverKids

Member Handbook | 2024

United Healthcare Community Plan | CoverKids

CSTN24MD0167824_000

FREE Phone Numbers to call for help	
CoverKids Member Services Call about your health care	**1-866-600-4985** TTY/TDD Line: **711**
Nurse Help Line	**1-866-600-4985**
DentaQuest (CoverKids Dental Program) Call about dental (teeth) care for children under age 19	**888-291-3766**
OptumRx Pharmacy Services (CoverKids Pharmacy Program)	**844-568-2179**
Fraud Hotline Call to report CoverKids fraud or abuse	**1-866-600-4985**
Population Health	**1-866-600-4985**
TennCare Connect Call about: • Change of address, family size, job, or income • When you're pregnant and when your baby is born • Completing your renewal • Appeals to get or keep CoverKids • CoverKids co-pays • Applying for CoverKids • Programs like Food Stamps or Families First	**855-259-0701**
Community Resources Call for help with connecting to food banks, housing services, and other life needs.	**1-866-600-4985**

Doctor’s Names	Phone Numbers

CoverKids℠ and your health plan, UnitedHealthcare Community Plan

Member Handbook

2024

¿Necesita un manual de CoverKids en español? Para conseguir un manual en español, llame al 1-866-600-4985.

Your Right to Privacy

There are laws that protect your privacy. They say we can't tell others certain facts about you. Read more about your privacy rights in Part 6 of this handbook.

IMPORTANT:

Even if you don't use your CoverKids, the state still pays for you to have it. If you don't need your CoverKids anymore, please call TennCare Connect for free at **855-259-0701.**

Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: **Español**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-600-4985 (TTY:711).

Kurdish: **كوردى**

ئاگاداری: ئەگەر بە زمانی كوردی قەسە دەكەیت، خزمەتگوزاریەكانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. پەیوەندی بە 1-866-600-4985 (TTY:711)..بكە

Arabic: **ربيةلعا**

وظةملح: اذا متتكلا ةللغا ربيةلعا اتمدخ دةعالمسا ويةللغا رةفومتكلا انجام. اتصل مقبر:1-866-600-4985 مقر فتاه صملا و ملبكا(TTY: 711)

Chinese: **繁體中文**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-600-4985 (TTY:711).

Vietnamese: **Tiếng Việt**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-600-4985 (TTY:711).

Korean: **한국어**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-600-4985 (TTY:711) 번으로 전화해 주십시오.

French: **Français**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-600-4985 (TTY:711).

Amharic: **አማርኛ**

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-600-4985 (መስማት ለተሳናቸው:TTY:711).

Gujarati: **ગુજરાતી**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-600-4985 (TTY:711).

Laotian: **ພາສາລາວ**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-866-600-4985 (TTY:711).

German: **Deutsch**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-600-4985 (TTY:711).

Tagalog: **Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-600-4985 (TTY:711).

Hindi: **हिंदी**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-690-1606

(TTY:711). पर कॉल करें।

Serbo-Croatian: **Srpsko-hrvatski**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-600-4985 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Russian: **Русский**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-600-4985 (телетайп: TTY:711).

Nepali: **नेपाली**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-866-600-4985 (टिटिवाइ: TTY:711).

Persian: **فارسی**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-600-4985 (TTY:711) تماس بگیرید.

- **Do you need help talking with us or reading what we send you?**
- **Do you have a disability and need help getting care or taking part in one of our programs or services?**
- **Or do you have more questions about your health care?**

Call us for free at 1-866-600-4985. We can connect you with the free help or service you need. (For TTY call 711.)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birthplace, language, age, disability, religion, or sex.

Do you think we did not help you or you were treated differently because of your race, color, birthplace, language, age, disability, religion, or sex?

You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

TennCare, Office of Civil Rights Compliance

310 Great Circle Road, 3W
Nashville, TN 37243

Email: **HCFA.Fairtreatment@tn.gov**

Phone: 1-855-857-1673 (TRS 711)

You can get a complaint form online at:
https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html

Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance

P.O. Box 30608
Salt Lake City, UT 84130

Email: **UHC_Civil_Rights@uhc.com**

Phone: 1-866-600-4985

U.S. Department of Health & Human Services, Office for Civil Rights

200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019 (TDD 1-800-537-7697)

Online: **https://www.hhs.gov/civil-rights/filing-a-complaint/index.html**

Table of Contents

Welcome to CoverKids and your health plan, UnitedHealthcare Community Plan 1
Your CoverKids Health Plan 2
Your Pharmacy Health Plan 2
Dental Health Plan for children 2

Part 1: Using your CoverKids Health Plan 3
CoverKids Provider Network 6
Doctor Visits 7
Changing your PCP 8
Behavioral Health Care (Mental Health or Substance Use Disorder Services) 9
Specialist Providers 10
Hospital Care 10
Physical Health Emergencies 10
Mental Health Emergencies 11
Emergency Care away from home 13

Part 2: Services that CoverKids pays for 14
Benefit Packages 16
Care with limits 17
Other CoverKids Services 19
Preventive Care – Care that keeps you well 21
Pregnancy 22
After your baby is born 23
Preventive Care for Children: Health care for your child and teen 24
Dental Care for children (for teeth) 25
Vision care for children (for eyes) 26
Non-Covered Services 26

Part 3: How the CoverKids Program works for you 29
What you pay for your health care – Copays 30

Part 4: Help for problem with your CoverKids 36
Kinds of problems and what you can do 37
Need a new CoverKids card? 37
Need to find a doctor or change your doctor? 37
Need to make a complaint about your care? 37
Need to change your health plan? 38
Need help getting your prescription medicines? 40
Need help getting your health care services? 41
Are you getting billed? Did you have to pay? 42

Part 5: CoverKids Grievances & Appeals **44**
Two Kinds of Appeals: The difference between Eligibility Appeals and Medical Service Appeals 45
How to appeal health care problems 49
How to File an Eligibility Appeal 51
Part 6: Your Rights and Responsibilities **53**
Your rights and responsibilities as a CoverKids member 54
Your Right to Appeal 56
Your Right to Privacy 57
CoverKids' Responsibility to You 60
Your Responsibility to Report Fraud and Abuse 62
Part 7: Healthcare papers you may need **64**
(For TTY call: 1-800-848-0298)Advance Directives 76
Part 8: More Information **82**
CoverKids Immunization Schedule 83
Legal Definitions 100

Welcome to CoverKids and your health plan, UnitedHealthcare Community Plan

This is your CoverKids member handbook. This handbook tells you how to use CoverKids to get care. CoverKids provides health insurance to some children under age 19 and some pregnant women. CoverKids is a program of the state of Tennessee's Division of TennCare.

Having other insurance, even Medicare, is not allowed for anyone who has CoverKids.

If you have or get other health insurance, call TennCare Connect at 855-259-0701 and ask to end your CoverKids.

Why is it important to know about your CoverKids?

Because it helps you know about the kind of health care benefits CoverKids covers. It also helps you know if you must pay copays for CoverKids benefits. We'll tell you more about your CoverKids benefits and copays later in this handbook.

TennCare/CoverKids sent you a letter to tell you that you have CoverKids and what day your CoverKids started. If you have questions or problems about your CoverKids dates, you can call TennCare Connect for free at **855-259-0701.**

IMPORTANT: State law says you must tell CoverKids about any changes that may affect your coverage. You **must** report these changes within 10 days of the change, and you must give CoverKids the proof they need to make the change. Call or make changes on the online TennCare Connect portal right away if:

- You move**
- You change jobs
- The number of people in your family changes
- Your income changes
- You get group health insurance

** Anytime you move, you must tell CoverKids about your new address.

Why? TennCare/CoverKids sends you important information about your CoverKids coverage and benefits in the mail. If they don't have your current address, you **could lose** your CoverKids. Call TennCare Connect at **855-259-0701** to tell them about your new address, or you can make changes online by creating a free TennCare Connect account at **tenncareconnect.tn.gov.**

Your CoverKids Health Plan

UnitedHealthcare Community Plan is your CoverKids health plan that helps you get **physical or behavioral health care (mental health, alcohol and substance use services).** For questions about getting physical or behavioral health care, call us at **1-866-600-4985.** It's a free call.

Do you have questions about your health? Do you need to know what kind of doctor you should see? Call our Nurse Help Line at **1-866-600-4985.** It's a free call.

Your Pharmacy Health Plan

You have prescription coverage through CoverKids. CoverKids' pharmacy plan is called **OptumRx.** You will receive a separate pharmacy card. If you need a prescription filled, you can go to the pharmacy and use your OptumRx member identification card.

Before you go, make sure the pharmacy you use accepts CoverKids. To find out, go to the **Find a Network Pharmacy Tool** at https://www.optumrx.com/oe_coverkids/landing. Enter the information requested to find pharmacies near you that accept CoverKids. Or, you can call CoverKids Pharmacy Services for assistance, twenty-four hours a day, seven days a week at **844-568-2179.**

Do you need more help? Do you have questions about your card? Call CoverKids Pharmacy Services at **844-568-2179.**

Learn more about your prescription coverage in Part 1 and Part 2.

Dental Health Plan for children

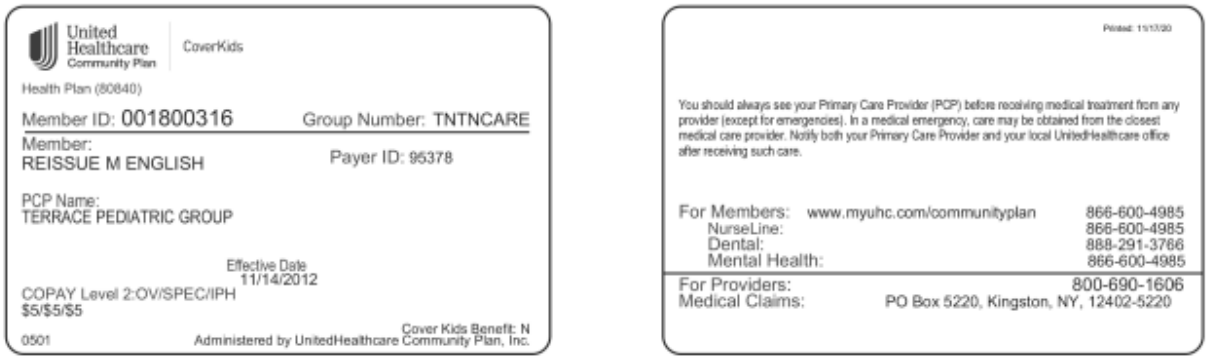
CoverKids only covers routine dental care for children under the age of 19. CoverKids dental health plan is **DentaQuest.** They can help you if you have questions about dental care. To find a DentaQuest dentist, go to **http://www.dentaquest.com/state-plans/regions/tennessee/.** Then click **Find a Dentist.** Or you can call DentaQuest at **888-291-3766.**

NOTE: CoverKids does **not** cover any routine dental care, including oral surgery, if you are 19 or older.

Part 1:

Using your CoverKids Health Plan

Every CoverKids member has a member card. This is what your card looks like:



Here are some of the things that your card has on it:

- **Member Name** is the name of the person who can use this card.
- **ID Number** is the number that tells us who you are.
- **Group Number** is the number that tells us you are a CoverKids member.
- **Provider Networks** is the choice of doctors, hospitals, and other health care providers that take your CoverKids card.
- **Copays** are what you pay for each health care service. Not everyone has copays.
- **Benefit Indicator** is the kind of CoverKids benefit package you have. Your benefit package is the kind of services or care CoverKids covers for you.

Carry your card with you at all times. You'll need to show it when you go to see your doctor and when you go to the hospital.

This card is only for you. Don't let anyone else use your card. If your card is lost or stolen, or if it has the wrong information on it, call us at **1-866-600-4985** for a new card. It's a free call.

If you have questions about CoverKids, you can:

Write us:

CoverKids Member Services

UnitedHealthcare Community Plan

10 Cadillac Drive, Suite 200

Brentwood, TN 37027

Call Us

1-866-600-4985

CoverKids Provider Network

In Network

The doctors and other people and places who work with CoverKids are called the **Provider Network.** All of the CoverKids providers are listed in our **Provider Directory.** You can find the Provider Directory online at myuhc.com/CommunityPlan. Or call us at **1-866-600-4985** to get a list. Providers may have signed up or dropped out after the list was printed. But the online Provider Directory is updated every week. You can also call us at **1-866-600-4985** to find out if a provider is in our network.

Sometimes your doctor can't provide the care or treatment you need because of ethical (moral) or religious reasons. Call us at **1-866-600-4985.** We can help you find a doctor who can provide the care or treatment you need.

To find doctors who speak other languages, you can check the CoverKids Provider Directory online at myuhc.com/CommunityPlan.

You **must** go to doctors who take CoverKids for CoverKids to pay for your health care.

Out of Network

A doctor who is not in the Provider Network and doesn't take CoverKids is called an **Out-of-Network provider.** Most of the time if you go to a doctor who is Out-of-Network, **CoverKids will not pay.**

But, sometimes, like in emergencies or to see specialists, CoverKids will pay for a doctor who is Out-of-Network. Unless it's an emergency, you must have an **OK** first. The sections **Specialists** and **Emergencies** tell you more about when you can go to someone who is Out-of-Network.

If you were already getting care or treatment when your CoverKids started, you may be able to keep getting the care without an OK or referral. Call us at **1-866-600-4985** to find out how.

How to get free language help at your health care visits

If English is not your first language, you can ask for an interpreter when you go to get your care. This is a free service for you. **Before your appointment, call us or your provider** so you can get help with language services.

You can also check in our Provider Directory to find doctors who speak other languages online at **myuhc.com/CommunityPlan .**

You can also get free help to communicate with your doctor like a sign language interpreter, writing notes, or a story board. **Before your appointment, call us or your provider** to get this help.

Doctor Visits

Your Primary Care Provider– the main person you go to for your care

You can have one main person for your health care. He or she can be a doctor, a nurse practitioner, or a physician's assistant. This person is called your **Primary Care Provider** (**PCP).**

The name of your PCP is sometimes listed on the front of your card. What if your card does not list the name of your PCP? Call us at **1-866-600-4985** for the name of your PCP or find out about other PCPs in our network. What if you want to change your PCP?

The next page tells you how.

Most PCPs have regular office hours, but you can call your PCP anytime. If you call after regular office hours, they will tell you how to reach the doctor. If you can't talk to someone after hours, call us at **1-866-600-4985.**

If your PCP is new for you, you should get to know your PCP. Call to get an appointment with your PCP as soon as you can. This is even more important if you've been getting care or treatment from a different doctor. We want to make sure that you keep getting the care you need. But even if you feel OK, you should call to get a check-up with your PCP.

Before you go to your first appointment with your PCP:

1. Ask your past doctor to send your medical records to your PCP. This will not cost you anything. These records are yours. They will help your PCP learn about your health.
2. Call your PCP to schedule your appointment.
3. Have your CoverKids card ready when you call.

4. Say you are a CoverKids member and give them your CoverKids ID number.
5. Write down your appointment date and time. If you're a new patient, the provider may ask you to come early. Write down the time they ask you to be there.
6. Make a list of questions you want to ask your PCP. List any health problems you have.

On the day of your appointment:

1. Take all your medicines and list of questions with you so your PCP will know how to help you.
2. Be on time for your visit. If you cannot keep your appointment, call your PCP to get a new time.
3. Take your CoverKids ID card with you. Your PCP may make a copy of it. If you have any other insurance, take that ID card with you, too.
4. Pay your copay if you have one. You can find out more about copays in Part 3 of this handbook.

Your PCP will give you **most** of your health care. Your PCP can find and treat health problems early. He or she will have your medical records. Your PCP can see your whole health care picture. Your PCP keeps track of all the care you get.

Changing your PCP

There are many reasons why you may need to change your PCP. You may want to see a PCP whose office is closer to you. Or your PCP may stop working with us. If you do not find a new PCP, we will help find one for you, so that you can keep getting your care.

To change your PCP:

1. Find a new PCP in the CoverKids network. To find a new PCP, look in our provider directory. Or you can go online at myuhc.com/CommunityPlan, or call **1-866-600-4985.**
2. Then call the new PCP to make sure that he or she is in the CoverKids provider network. **Be sure to ask** if he or she is taking new patients.

Need help finding a new PCP? Call us at **1-866-600-4985.** We'll work with you to find a new PCP who is taking new patients.

Is your teenager ready for an adult health care provider?

We can help you find a new provider and ease some concerns about this change.

You can call Population Health at **1-866-600-4985** for assistance.

Behavioral Health Care (Mental Health or Substance Use Disorder Services)

You do **not** need to see your PCP before getting behavioral health services. But, you will need to get your care from someone who is in our network. If you're getting care now, ask your provider if they take CoverKids.

A Community Mental Health Agency (CMHA) is one place you can go for mental health or substance use disorder services. Most CMHAs take CoverKids.

Before your first visit:

1. **Ask** your past doctor to send your records to your new provider. This will not cost you anything. They will help your provider learn about your needs.
2. **Have your CoverKids card ready** when you call to schedule your appointment with your new provider.
3. Say you are a CoverKids member and give your CoverKids **ID number.**
4. **Write down** your appointment date and time. If you are a new patient, the provider may ask you to come early. Write down the time they ask you to be there.
5. **Make a list** of questions you want to ask your provider. List any problems that you have.

On the day of your appointment:

1. **Take** all your medicines and list of questions with you so your provider will know **how to help you.**
2. **Be on time** for your visit. If you cannot keep your appointment, call your provider to get a new time.
3. **Take** your CoverKids **ID card** with you. Your provider may make a copy of it.
4. **Pay** your copay if you have one. You can find out more about copays in Part 3 of this handbook.

If you need help finding mental health and substance use disorder services, call us at **1-866-600-4985.** Or, if you have questions about mental health and substance use disorder services, call us at **1-866-600-4985.** It's a free call.

Specialist Providers

A **specialist** is a doctor who gives care for a certain illness or part of the body. One kind of specialist is a cardiologist, who is a heart doctor. Another kind of specialist is an oncologist, who treats cancer. There are many kinds of specialists.

Your PCP may send you to a specialist for care. If the specialist is not in our Provider Network, your provider must get an OK from us first. If you have copays, your copay is the same even if the specialist is Out-of-Network.

You **do not** have to see your PCP first to go to a women's health doctor. A women's health doctor is called an OB/GYN.

The women's health specialist must still be in our network. More information about women's health care is in Part 2 of this handbook.

And remember, you **do not** have to see your PCP first to see any specialist or a behavioral health provider for mental health, alcohol or substance abuse services.

If you need help finding a specialist doctor, call us at **1-866-600-4985.**

Hospital Care

If you need hospital care, your network provider or behavioral health provider will set it up for you.

You must have your network provider's OK to get hospital care.

Unless it is an emergency, we will only pay for hospital care if your network provider sends you.

Physical Health Emergencies

Always carry your CoverKids card with you. In case of an emergency, doctors will know you have CoverKids. You can get emergency health care any time you need it.

Emergencies are times when there could be serious danger or damage to your health if you don't get medical care right away. See Part 8 of this handbook for a full definition of an emergency.

Emergencies might be things like:	These are not usually emergencies:
• Shortness of breath, not able to talk • A bad cut, broken bone, or a burn • Bleeding that cannot be stopped • Strong chest pain that does not go away • Strong stomach pain that doesn't stop • Seizures that cause someone to pass out • Not able to move your legs or arms • A person who will not wake up • Drug overdose	• Sore throat • Cold or Flu • Lower back pain • Earache • Stomachache • Small, not deep, cuts • Bruise • Arthritis • Headache, unless it is very bad and like you never had before

If you think you have an emergency, go to the nearest hospital Emergency Room (ER). In an emergency, you can go to a hospital that is not in the Provider Network. If you can't get to the ER, call 911 or your local ambulance service.

If you are not sure if it's an emergency, call your PCP. You can call your PCP anytime. Your PCP can help you get emergency care if you need it.

If you need emergency care, you don't have to get an OK from anyone before you get emergency care.

After the ER treats you for the emergency, you will also get the care the doctor says you need to keep stable. This is called post-stabilization care.

After you get emergency care, tell your PCP or specialist. Your PCP specialist needs to know about the emergency to help you with the follow-up care later. Try to call your PCP or specialist within 24 hours of getting emergency care.

Mental Health Emergencies

You can get help for a mental health or substance use disorder emergency anytime even if you are away from home. And you don't have to get an OK from anyone before you get emergency care.

If you have a mental health or substance use disorder emergency, call or text 988 or chat with 988lifeline.org. You can also go to the nearest mental health crisis walk-in center

(https://www.tn.gov/behavioral-health/need-help/crisis-services/walk-in-centers.html) or ER right away. What if you don't know where your closest mental health crisis walk in center is? Call **Mental Health Crisis Services** at: **988** right away. These calls and texts are free.

Or, you can call your provider. Your provider can help you get emergency care if you need it. CoverKids pays for mental health or substance use disorder emergencies even if the doctor or hospital isn't in the Provider Network.

Emergencies are times when there could be serious danger or damage to your health **or** someone else's if you don't get help right away. See Part 8 of this handbook for a full definition of an emergency.

Emergencies might be things like:	These are usually NOT emergencies:
• Planning to hurt yourself • Thinking about hurting another person	• Needing a prescription refill • Asking for help to make an appointment

If you have this kind of emergency:

- Call or text 988 or chat with 988lifeline.org
- Go to the nearest mental health crisis walk-in center or ER right away
- Or call 911. These calls are free

Children under age 18

If you are under 18 years old or your child is under age 18 and has a behavioral health (mental health or substance use disorder) emergency:

- Call or text 988 or chat with 988lifeline.org
- Go to the nearest ER
- Or Call 911

To reach an agency directly:

Youth Villages
(866) 791-9221 (North Middle TN)
(866) 791-9222 (South Middle TN)
(866) 791-9227 (Rural West TN)
(866) 791-9226 (Memphis Region)
(866) 791-9224 (East Region)
(866) 791-9225 (South East Region)

Mental Health Cooperative
(615) 726-0125 (Davidson County)

Frontier Health
(877) 928-9062 (Upper East TN)

Helen Ross McNabb
(865) 539-2409 (East TN)

Youth Villages, Frontier Health, Helen Ross McNabb, and Mental Health Co-Operative offer statewide crisis services for children under age 18. If you go to the ER, someone from one of these agencies in your area may come help evaluate your child's need for care.

If you have problems reaching someone at the number listed for your area, call **1-866-600-4985.** We will help you. You can also call 911. These calls are free.

Always carry your CoverKids card with you. In case of an emergency, doctors will know that you have CoverKids.

After the ER treats you for the emergency, you will also get the care that the doctor says you need to keep stable. This is called post-stabilization care.

After you get emergency care, tell your provider. Your provider needs to know about the emergency to help you with follow-up care later. **Try to call your provider within 24 hours of getting emergency care.**

Emergency Care away from home

Emergency care away from home works just like you were at home. **In an emergency,** you can go to a hospital that is Out-of-Network. Go to the nearest ER or call 911. If you have a mental health, alcohol or drug abuse emergency, you can call or text 988 or chat with 988lifeline.org. You still must call your provider and CoverKids within 24 hours of getting the emergency care away from home.

Show your CoverKids card when you get the emergency care. Ask the ER to send the bill to CoverKids. If the ER says no, ask if they will send the bill to you at home. Or if you have to pay for the care, get a receipt.

When you get home, call us at **1-866-600-4985** and tell us you had to pay for your health care or that you have a bill for it. We will work with you and the provider to put in a claim for your care.

IMPORTANT: CoverKids will only pay for emergencies away from home that are inside the United States. We can't pay for care you get out of the country.

Part 2:

Services that CoverKids pays for

Benefit Packages

You can find a list of CoverKids services on the next pages. Some of the services have limits. This means that CoverKids will pay for only a certain amount of that care. The services that are listed as **medically necessary** mean that you can have those services if your doctor, health plan, and CoverKids all agree that you need them.

If you have questions about what your physical health or behavioral health services are, call us at **1-866-600-4985.**

Benefits for CoverKids

All CoverKids covered services must be medically necessary, as defined in the CoverKids rules. The definition of medically necessary is in Part 8 of this handbook. For more information on Services Covered with limits, please see "Care with limits" starting on page 16.

CoverKids Services	Covered/Not Covered
Chiropractic services	Covered with limits Not covered for pregnant women age 19 and older
Clinic services and other ambulatory health care services	Covered
Dental services	Covered with limits Not covered for pregnant women age 19 and older
Disposable medical supplies	Covered
Durable medical equipment (DME)	Covered with limits
Emergency air and ground ambulance	Covered
Emergency care	Covered
Home health services	Covered with limits

Hospice care (Must be provided by a Medicare-Certified Hospice)	Covered
Inpatient hospital services, including rehabilitation hospital services	Covered
Inpatient and residential mental health and substance abuse services	Covered
Lab and X-ray services	Covered
Occupational therapy services	Covered with limits
Outpatient mental health and substance abuse services	Covered
Outpatient services	Covered
Physical therapy services	Covered with limits
Physician services	Covered
Prenatal care and prepregnancy family services and supplies	Covered
Prescription drugs	Covered
Routine health assessments and immunizations	Covered
Skilled nursing facility services	Covered with limits
Speech therapy services	Covered with limits
Surgical services	Covered
Vision services	Covered with limits Not covered for pregnant women age 19 and older

Care with limits

Benefits are covered as medically necessary. But some CoverKids benefits have limits. These kinds of care have limits:

1. **Chiropractic Services**
2. **Durable Medical Equipment**
3. **Home Health Services**
4. **Occupational Therapy**
5. **Physical Therapy**
6. **Skilled Nursing Facility**
7. **Speech Therapy**
8. **Vision Services**

1. **Chiropractic Services**
   Routine visits are not covered if progress is not happening, or expected to happen.

2. **Durable Medical Equipment**

   Durable Medical Equipment (DME) is any equipment that provides therapeutic benefits because of certain medical conditions and/or illness. Some DME services need prior authorization (an OK).

   There is a **limit** to the amount CoverKids will pay for DME. It's called the Maximum Allowable Charge, which is the cost to purchase the DME. The limit depends on the kind of Durable Medical Equipment you need. What if you rent the same kind of equipment from multiple DME providers, and **the total rental charges are more than** what it would cost to buy the equipment?

   You will be responsible for the amount that goes over what CoverKids will pay (the Maximum Allowable Charge).

   Hearing aids are **limited** to 1 hearing aid per ear each calendar year up to the age 5, then 1 hearing aid per ear every 2 years thereafter.

3. **Home Health Services**

   There are 2 kinds of Home Health care: Home Health Nursing and Home Health Aide Care. Services can be part-time or off and on during a certain period of time. Only Home Health Nursing Services have limits. These services are limited to 125 visits per calendar year for care given or supervised by a registered nurse.

4. **Occupational Therapy**

   Occupational Therapy includes medically necessary and appropriate treatment that helps people who have physical or behavioral health problems learn to do the activities of daily life as a result of an illness or injury. Services are limited to 52 visits per calendar year.

5. **Physical Therapy**

   Physical Therapy includes medically necessary and appropriate treatment of a disease or an injury of the muscles or joints. Services are limited to 52 visits per calendar year.

6. **Skilled Nursing Facility**

   Skilled Nursing Facility includes medically necessary and appropriate inpatient care provided to members requiring medical, rehabilitative, or nursing care in a restorative setting. Services are limited to 100 days per calendar year following approved hospitalization.

7. **Speech Therapy**

   Speech Therapy by a licensed speech therapist is covered for restoration of speech after a loss or impairment; and to initiate speech due to developmental delays (as long as there is continued progress). The loss or impairment must not be cause by mental, psychoneurotic or personality disorder. Services are limited to 52 visits per calendar year.

8. **Vision Services**

   For children under age 19, vision services are limited to one vision exam (including refractive exam and glaucoma testing) per calendar year, one set of lenses (including bi-focal, tri-focal, etc.) per calendar year; and one set of eyeglass frames every 2 calendar years.

   For pregnant women age 19 and older, vision services are limited to medical evaluation and management of abnormal conditions and disorders of the eye.

Have you used all your benefits? We can offer suggestions and options for continuing care. You can call Population Health at **1-866-600-4985** for assistance.

Other CoverKids Services

Some services are covered by TennCare **only in special cases.** These are services like:

1 **Population Health,**

2 **Hospice Care,**

3. **Sterilization,**
4. **Abortion, and**
5. **Hysterectomy**

More about these services can be found below.

Population Health

Population Health services provide you with information on how to stay healthy. If you have an ongoing illness or unmet health needs, Population Health services can help you do things like:

- Understand your illness and how to feel better
- Help you or your child find a primary care doctor and get to your appointments
- Develop a plan of care based on your doctor's or your child's doctor's advice for medical and behavioral health needs
- Be a partner to you or your child to coordinate care with all of your health care providers
- Have a healthy pregnancy and healthy delivery
- Help with getting your prescription medications
- Help keep you or your child out of the hospital by getting care in the community
- Identify community organizations that can provide non-medical supports and resources to improve the health and well-being of you or your child
- Help you with lifestyle changes that you want to make like quitting smoking or managing your weight
- Help explain important health information to you or to your doctors

Population Health services are provided whether you are well, have an ongoing health problem or have a terrible health episode. Population Health services are available to you depending on your health risks and need for the service.

Population Health can provide you with a care manager. A care manager can help you get all the care you need. You may be able to have a care manager if you:

- Go to the ER a lot, or if you have to go into the hospital a lot, or
- Need health care before or after you have a transplant, or
- Have a lot of differently doctors for different health problems, or
- Have an ongoing illness that you don't know how to deal with.
- Need help finding resources and developing a plan of care to help your child with disabilities or behavioral health needs including Severe and Persistent Mental Illness (SPMI)
- Need help with resources to assist with economic and social conditions.

To see if you can have a care manager, or if you want to participate in the Population Health services, you (or someone on your behalf) can call **1-866-600-4985.**

Hospice Care is a kind of medical care for people who are terminally ill. You must use a hospice provider in our network. For help with hospice care, call us at **1-866-600-4985.**

Sterilization is the medical treatment or surgery that makes you not able to have children. To have this treatment, you must:

- Be an adult age 21 or older.
- Be mentally stable and able to make decisions about your health.
- Not be in a mental institution or in prison.

Fill out a paper that gives your OK. This is called a Sterilization Consent Form. You can call us at **1-866-600-4985** to get this paper.

You must fill the paper out at least 30 days before you have the treatment. But in an emergency like premature delivery or abdominal surgery, you can fill the paper out at least 72 hours before you have the treatment.

Abortion may only be covered in limited cases, like if you have a physical illness that you could die from without an abortion.

Your doctor must fill out a paper called Certification of Medical Necessity for Abortion.

Hysterectomy is a medical surgery that removes reproductive organs. A hysterectomy can be covered when you must have it to fix other medical problems. After a hysterectomy, you will not be able to have children. But, CoverKids **will not** pay for this treatment if you have it just so you won't have children. CoverKids pays for this treatment **only if it is for a covered reason and medically necessary.**

You have to be told in words and in writing that having a hysterectomy means you are not able to have children. You have to sign a paper called the Acknowledgment of Hysterectomy form.

Preventive Care – Care that keeps you well

CoverKids covers preventive care for children and women expecting a baby. **Preventive care** helps to keep you well and catches health problems early so they can be treated.

NOTE: You will not have copays for preventive care.

Some preventive care services are:

- Checkups for children
- Care for women expecting a baby
- Well baby care
- Shots and tests
- Birth Control Information

Pregnancy

If you are pregnant, seeing a doctor can help you to have a healthier baby. Care before your baby is born is called **prenatal care.** There are **no copays** when you are pregnant.

You can get this kind of care from your PCP, and/or from a specialist called an Obstetrician/Gynecologist. This kind of specialist is sometimes called an **OB/GYN doctor.**

You **do not** have to see your PCP first to go to an OB/GYN doctor. But, the OB/GYN doctor must still be in our Provider Directory so that CoverKids will pay for the services.

If you are already more than **three months** pregnant and you are already seeing an OB/GYN doctor when you get your CoverKids, you can still see that doctor to get your care. But, he or she has to say OK to the amount that CoverKids pays. Call us at **1-866-600-4985** to find out if you can still see this doctor. We may ask you to change to an OB/GYN doctor who is in our Provider Directory if it is safe to change.

Go to **all** of your OB/GYN visits, even if you feel fine. Your doctor will tell you how often to have checkups while you are pregnant. After your first visit, you may see your doctor every **4 weeks.** Then after 7 months, you may see your doctor every **2 or 3 weeks.** When it gets close to when your baby is due, you may see your doctor every week.

If you plan to breast feed or pump milk for your baby, you can see a lactation consultant for help during your pregnancy and after.

Do what your doctor says to take care of you and your baby. Remember to take the vitamins that your doctor tells you to. **Don't smoke or drink alcohol while you are pregnant.**

If your doctor prescribes medicine for you while you are pregnant, you **do not** have to pay a co-pay for it at the drug store. But, you have to tell the pharmacist that you are pregnant so he will not charge you a co-pay.

After your baby is born

You and your baby both need follow-up care! Care for mom after childbirth is called postpartum care. Be sure you schedule follow up appointments with your doctor so your doctor can make sure you are OK after giving birth. You should see your doctor twice in the first three months after you have your baby. If you have complications or problems, your doctor may want to check on you more. Both your physical health and mental health are important. Talk to your doctor if you're feeling sad, crying a lot and you don't know why, or everything feels overwhelming and hopeless.

Some women may need to see their regular doctor (PCP), or a specialist, in the weeks and months after delivery to care for things like high blood sugar or high blood pressure.

Breast feeding can be hard. You and your baby can see a lactation specialist for help. Call UnitedHealthcare Community Plan if you need help in finding a lactation specialist near you.

Your baby needs a check-up with a doctor (PCP) a few weeks after birth. TennCare will cover your baby when he or she is born. Don't forget to let us know your baby was born. Care after your baby is born is called **postnatal care.** Postnatal care includes circumcisions done by a doctor and special screenings for newborns.

You **must** find a PCP for your baby and it's best to choose a PCP for your baby **before** he or she is born. The baby's doctor must be in our provider directory for TennCare to pay for healthcare services.

Call the doctor ahead of time to make the appointment for your baby's checkup.

Here's how to make sure your baby gets on CoverKids or TennCare

- After your baby is born, the hospital will give you papers to get a Social Security number for your baby. **Fill out those papers and mail them to the Social Security office.**
- **Tell CoverKids about your baby as soon as you can.** Call TennCare Connect at **855-259-0701.**

  Tell them that you have filled out papers for the baby's Social Security number.
- When you get your baby's Social Security card in the mail, be sure to tell us. If your baby has TennCare or CoverKids, call **855-259-0701.** Give them your baby's Social Security number.

It is important to do these things as soon as your baby is born.

Preventive Care for Children: Health care for your child and teen

Check In, Check Up, and Check Back!

The CoverKids program strives to keep children healthy. Your child and teen **need** regular health checkups, even if they **seem** healthy. These visits help your doctor **find and treat problems early.**

In CoverKids, checkups for children are free.

CoverKids also pays for medically necessary care and medicine to treat problems found at the checkup. This includes medical, dental, speech, hearing, vision, and behavioral (mental health or substance use disorder problems).

If your child hasn't had a checkup lately, call your child's PCP today for an appointment. Ask for a regular health checkup. You can go to your child's PCP or the Health Department to get checkups.

And, if someone else, like your child's teacher, is worried about your child's health, you can get a checkup for your child.

Checkups may include:

- Health history
- Complete physical exam
- Laboratory tests (as needed)
- Immunizations (shots)
- Vision/hearing screening
- Developmental/behavioral screening (as needed)
- Advice on how to keep your child healthy

If your child's PCP (pediatrician) finds anything wrong, CoverKids also gives your child the medical, dental, speech, hearing, vision, and behavioral (mental health or substance use disorder) treatment that he or she needs.

Children should go to the doctor for checkups even if they are not sick. They should have checkups when they are

- At birth
- 3-5 days old
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- And then every year until age 19

The vaccination shots that children need to get, to keep from getting sick, are for:

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles
- Mumps
- Rubella (MMR)
- HIB
- Flu (influenza)
- Hepatitis A and B
- Chicken pox (varicella)
- Pneumococcal
- Rotavirus
- Human papillomavirus (HPV)
- Meningitis

Look at the schedule of shots listed in Part 8 of this handbook. It is called Children and Teen Immunization Schedule. It will help you know when your child should get his or her shots.

Or, you can ask your child's PCP when your child should get his or her shot.

Dental Care for children (for teeth)

If you are a child under the age of 19, you also have a dental plan for your teeth called **DentaQuest.** They can help you if you have questions about dental care. To find a DentaQuest dentist, go to **http://www.dentaquest.com/state-plans/regions/tennessee/.** Then click **Find a Dentist.** Or you can call DentaQuest at **888-291-3766.**

Children's teeth need special care. Children should have a checkup and cleaning every six months. Children need to start seeing a dentist the time the first tooth comes in the mouth, or no later than the first birthday.

CoverKids will pay for other dental care if it is medically necessary. Braces are covered **only** if they are medically necessary.

You do **not** need to see your PCP before you go to a dentist. But, you will need to go to a DentaQuest dentist.

This dental care is only for children under age 19. CoverKids does not pay for any routine dental care for pregnant women 19 and older.

Vision care for children (for eyes)

Children's eyes also need special care. Children under 19 years old can have their eyes checked and get eyeglass lenses and frames as medically necessary. Your CoverKids eye doctor will show you which frames you can choose from.

CoverKids will pay for other vision care if it is medically necessary. Contacts are covered instead of eyeglass lenses.

Children do **not** have to see their PCP before seeing their CoverKids eye doctor. But, the eye doctor must be in our Provider Directory.

This vision care is for children under age 19. CoverKids does not pay for any routine vision care for pregnant women 19 and older.

Non-Covered Services

Here is a list of some services that are **not** covered for anyone by CoverKids. Or, you can call us at **1-866-600-4985** for a full list.

Some Non-Covered Services are:

1. Services that are not medically necessary. But preventive care (care you need to stay well) is covered.
2. Services that are experimental or investigative.

3. Surgery for your appearance.
4. Any medical or behavioral health (mental health or substance use disorder) treatment if you are in local, state, or federal jail or prison.
5. Services that you got before you had CoverKids or after your CoverKids ends.
6. Personal hygiene, luxury, or convenience items.
7. Custodial Care and Sitter Services.
8. Services mainly for convalescent care or rest cures.
9. Foot care for comfort or appearance, like flat feet, corns, calluses, toenails.
10. Sex reassignment surgery and any treatment connected to it.
11. Radial keratotomy or other surgery to correct a refractive error of the eye.
12. Services given to you by someone in your family or any person that lives in your household.
13. Midwife services outside a licensed health care facility.
14. Charges in excess of maximum allowable charge.
15. Services or supplies for orthognathic surgery.
16. Treatment and therapies for maintenance purposes.
17. Self-treatment or training.
18. Telephone or email consultations or charges to complete a claim form or to provide medical records. Network providers should not bill you for missed appointments nor are the charges for missed appointments covered.
19. Any charges for handling fees.
20. Drugs and supplies available over-the-counter that do not require a prescription by Federal or state law.
21. Medicines for:
    - Hair growth
    - Cosmetic purposes
    - Controlling your appetite
    - Treatment of impotence
    - Treatment of infertility
22. Medicines that the FDA (Food and Drug Administration) says are:
    - DESI or Drug Efficacy Study Implementation – this means that research says they are not effective.
    - LTE or less than effective – this means that research says they are less effective than IRS – this means that the medicines are identical, related, or similar to LTE medicines.

Some services are covered for children under age 19 but not for pregnant women over age 19.

Services that are **not covered** for pregnant women over 19 include:

1. Routine Dental Services
2. Chiropractic Services
3. Eyeglasses, contact lens, or eye exams.

Part 3:

How the CoverKids Program works for you

What you pay for your health care – Copays

Your Copays

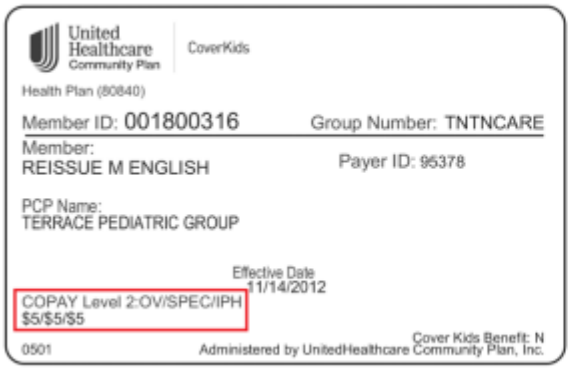
Preventive care is care that helps you stay well, like checkups, shots, pregnancy care, and childbirth. This kind of care is always free. You do not have copays for preventive care. More information about preventive care is in Part 2.

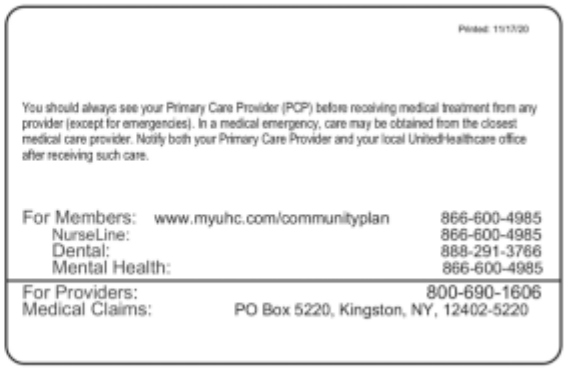
For other care like hospital stays or sick child visits, you **may** have to pay part of the cost. Copays are what you pay for each health care service you get.

Not everyone on CoverKids has copays. Your CoverKids card will tell you if you have copays and what they are. Copays depend on:

- The kind of CoverKids you have, and
- On your family's monthly income before taxes, and
- How many people in your family live with you.

You should only have to pay your copay for your care. You should not be billed for the rest of the cost of your care. If you are billed for the rest of the cost, you can appeal. See Part 4 of this handbook to find out what to do if you get a bill for your care.





Your CoverKids card tells you if you have copays for doctors, specialists, hospital and ER visits.

There are three benefit levels for copays in CoverKids – Level 1, 2, or 3. Your card will tell you which level you are in.

The following pages tell you more about CoverKids copays and where to call if you have questions.

CoverKids Copays

Do you pay copays for a PCP, Specialist, ER visit, and hospital stay? Not sure? Check your CoverKids card or call CoverKids Member Services at **1-866-600-4985.**

	BENEFIT LEVEL		
	1	**2**	**3**
Office/Outpatient Services			
Primary Care Visit • Office visit with family practice, general practice, internal medicine, OB/GYN, pediatrics, and walk in clinics • Includes nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) working under the supervision of a primary care provider	$15 Copay	$5 Copay	No Copay
Specialist Visit and Outpatient Surgery • Office visit with any specialty provider • Outpatient surgery including invasive diagnostic services (e.g. colonoscopy) - **Single copay per date of service**	$20 Copay	$5 Copay	No Copay
Behavioral Health (Mental Health, Alcohol and Drug Abuse) Services • Office visit • Outpatient Mental health and substance use disorder - **Single copay per date of service**	$15 Copay	$5 Copay	No Copay

	BENEFIT LEVEL		
	1	2	3
Chiropractors • Only covered for children under age 19	$15 Copay	$5 Copay	No Copay
Rehabilitation and Therapy Services • Including Speech, Physical and Occupational • Limited to 52 visits per therapy type per Calendar Year	$15 Copay	$5 Copay	No Copay
	BENEFIT LEVEL		
	1	**2**	**3**
Pharmacy - Benefits managed by OptumRx			
30 and 90-Day Supply/Specialty Pharmacy Drugs	$5 generic $20 preferred brand $40 non-preferred brand	$1 generic $3 preferred brand $5 non-preferred brand	No Copay
Non-Emergency Care			
Emergency Room Visit deemed as NOT a True Medical Emergency • Facility (Medical & Behavioral Health (Mental Health and Substance Use Disorder) • MUST be an In-Network Provider. If Out of Network provider, CoverKids will NOT pay.	$50 Copay	$10 Copay	No Copay
Inpatient Stays			

	BENEFIT LEVEL		
	1	2	3
Inpatient Facility (Medical and Behavioral Health [Mental Health, Alcohol and Drug Abuse]) • Copay waived if readmitted within 48 hours of initial visit for same episode of illness or injury • Rehabilitation services • Mental Health and Substance Use Disorder Treatment	$100 Copay per admission	$5 Copay per admission	No Copay
Vision Services- These Services are only eligible for children under age 19. When both frames and lenses are ordered at the same time, one copay is charged			
Prescription Eyeglass Lenses • Including bifocal or trifocal • Limited to one per Plan Year	$15 Copay $85 Max Benefit	$5 Copay $85 Max Benefit	No Copay
Prescription Contact Lenses instead of Eyeglass Lenses • Limited to one per Plan Year	$15 Copay $150 Max Benefit	$5 Copay $150 Max Benefit	No Copay
Frames • Limited to every 2 Plan Years	$15 Copay $100 Max Benefit	$5 Copay $100 Max Benefit	No Copay

The following services do NOT require a copay
Preventive Care
Office Visits • Routine Health Assessments • Immunizations • Annual hearing and vision screening
Office/Outpatient Services

• Lab and X-Ray
Emergency Care
• Emergency Room Visit Deemed as an Emergency
Services for Pregnant Women
Pregnant Women do not have copays
Ambulance
• Land and Air
Home Health
• Home Nursing Care limited to 125 visits per Calendar Year
Hospice
• Copay waived for all services if member is under hospice care
Vision Services - These Services are only eligible **for Children under 19.**
Annual Vision Exam • Including refractive exam and annual glaucoma testing • Must go to an In-Network provider

The CoverKids program has a limit on the total amount of copays you will pay each calendar year. This is called an **out of pocket limit.** The copays you pay will help you reach your out of pocket limit each calendar year.

Your family's out of pocket limit every calendar year is based on the income you report to CoverKids. This limit is the **most** you will pay in copays each calendar year. The most you'll pay in copays each year is 5% of your family income. Do you need to know your yearly out of pocket limit? Call CoverKids Member Services at **1-866-600-4985.**

If your income changes or your family size changes, your copays might change, too. You must report any changes in family size or income to TennCare Connect by calling **855-259-0701** within 10 days.

Do you have questions about copays? We can answer those questions too. Call CoverKids Member Services for free at **1-866-600-4985.**

Part 4:

Help for problems with your CoverKids

Kinds of problems and what you can do

You can have different kinds of problems with your health care.

You can fix some problems just by making a phone call. If you have complaints or problems about your health care, call us at **1-866-600-4985** for help.

Some problems may take more work to fix. Here are some examples of different kinds of problems and ways that you can fix them.

Need a new CoverKids card?

If your card is lost or stolen, or if the information on your card is wrong, you can get a new one.

- For a new CoverKids card, call **1-866-600-4985.**

You don't have to wait for your new card to get your care or medicine. Tell your doctor or the drug store that you have CoverKids.

Need to find a doctor or change your doctor?

You can learn how to find a new doctor in Part 1 of this handbook.

Are you changing because you are unhappy with the doctor you have? Please tell us. Call us at **1-866-600-4985.**

Need to make a complaint about your care?

If you are not happy with the care that you are getting, call us at **1-866-600-4985.** Tell us that you need to make a complaint.

No one can do anything bad to you if you make a complaint. We want to help you get good care.

Need to change your health plan?

If you want to change health plans because you're having problems getting health care, tell us. Call us at **1-866-600-4985.** We'll help you fix the problem. You **don't** have to change health plans to get the care you need.

- Do you want to change health plans so you can see a doctor that takes that plan?
- **Remember!** You must make sure that all of your doctors take your new health plan. You'll only be able to see doctors that take your new plan.
- **What if you have an OK from your health plan for care you haven't gotten?** If you change plans and still need the care, you'll have to get a new OK from your new plan.

Check these things before you decide to change health plans:

- Does the doctor take the health plan you want to change to?
- Is the health plan you want to change to taking new CoverKids members?

There are two times when it's easy to change your health plan.

- When you first get CoverKids, you have 90 days to change your health plan. When you get CoverKids, they send you a letter. That letter says how to change your health plan within the first 90 days.
- Once a year during your "open enrollment month." When you can change depends on where you live.

Find your county below:

- **Do you live in one of these West TN counties?** Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton, or Weakley

  If so, you can change your health plan **only** during the month of **March.** Your new health plan assignment would begin May 1st. Until then, we would continue to provide your care.

- **Do you live in one of these Middle TN counties?** Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, or Wilson

If so, you can change your health plan **only** during the month of **May.** Your new health plan assignment would begin July 1st. Until then, we would continue to provide your care.

- **Do you live in one of these East TN counties?** Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, or Washington

  If so, you can change your health plan **only** during the month of **July.** Your new health plan assignment would begin September 1st. Until then, we would continue to provide your care.

  IMPORTANT: You have until the **last day** of your open enrollment month to ask to change your health plan.

Other reasons that you can ask to change your health plan are if:

- You have family members in the health plan you want to change to
- **Or,** CoverKids made a mistake by giving you a health plan that doesn't do business in the area where you live
- **Or,** you moved and your health plan doesn't do business in the area where you now live.

You may be able to change your health plan if you have a hardship reason to change. But to meet hardship, all of these things must be true for you:

- You have a medical condition that requires difficult, extensive, and ongoing care, and
- Your specialist no longer takes your health plan, and
- Your health plan doesn't have a specialist that can give you the care that you need, and
- Your health plan can't work with your specialist to get you the care that you need, and
- Your specialist takes the health plan you want to change to, and
- The health plan you want to change to is taking new CoverKids members.

A **specialist is a doctor who gives care for a certain illness or part of the body. One kind of specialist is a cardiologist who is a doctor that treats you for heart problems.

Another is an oncologist who is a doctor that treats you for cancer. There are many different kinds of specialists.

To Ask to Change Your Health Plan you must tell CoverKids:

- Your **Social Security number.** If you don't have that number, give your date of birth. Include the month, day and year.
- The name of **the health plan you want.**
- And, the **reason you want to change health plans.**

Call CoverKids Member Medical Appeals at **800-878-3192.** Tell them you want to change your health plan.

Or you can write to them on plain paper. If you write to CoverKids Member Medical Appeals, make sure you tell them:

- Your name (first, middle initial and last name)
- Your Social Security Number
- The name of the health plan listed above that you want to change to
- The name and social security number of anyone else in your family that also needs to change to this health plan
- Your daytime phone number and the best time to call.

Mail to:

CoverKids Member Medical Appeals
P.O. Box 000593
Nashville, TN 37202-00593

Fax to:

888-345-5575

Need help getting your prescription medicines?

If you need help getting your prescription medicine, please call OptumRx at **844-568-2179.**

Do you need a doctor to prescribe your medicine for you?

What if you need to find a doctor or your doctor won't prescribe the medicine you need? Call us at **1-866-600-4985.**

Do you need an OK from CoverKids to get your medicine? It's called a "prior authorization" or PA.

If your medicine needs an OK, call your doctor. Ask your doctor to:

- Call OptumRX to get OptumRxs' OK for this medicine.
- Or, change your prescription to one that doesn't need an OK.

What if your doctor asks for an OK and OptumRx says no?

You can ask your doctor to prescribe a different medicine that doesn't need an OK. Or if you think OptumRx made a mistake, you can appeal. You have 60 days after OptumRx says no to appeal. For more information on how to appeal see Part 5 of this handbook.

Did the drug store say that they can't fill your prescriptions because you don't have CoverKids/ OptumRx? Before your CoverKids ends, you will get a letter in the mail. The letter will say why your CoverKids is ending. It will also say how to appeal. But, if you move and don't tell CoverKids, you may not get the letter. You may not find out that your CoverKids ended until you go to the drug store.

Do you think CoverKids made a mistake? Call **TennCare Connect** at **855-259-0701.** They can tell you if you have CoverKids, or if it ended. If you think CoverKids made a mistake, they can tell you if you still have time to appeal.

Need help getting your health care services?

Part 2 of this handbook tells you about the health care services that CoverKids pays for.

For problems about physical and/or behavioral health (mental health, alcohol or drug abuse) care, always call us at **1-866-600-4985** first.

If you still can't get the care you need, you can call **CoverKids Member Medical Appeals** at **800-878-3192.** Call Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time.

Do you need an OK before CoverKids will pay for your health care? It's called a "prior authorization" or PA. If your care needs an OK, call your doctor. Your doctor has to ask us for an OK.

Did we say no when your doctor asked for an OK for your care?

Call your doctor and/or behavioral health (mental health, alcohol or drug abuse) provider and tell him or her that we said no.

If you or your doctor thinks we made a mistake, you can appeal. You have 60 days after your health plan says **no** to appeal. For information on Medical Service Appeals, go to Part 5 of this handbook.

Are you getting billed? Did you have to pay?

Sometimes you might get a bill if the doctor doesn't know that you have CoverKids. Every time you get care, you **must:**

- Tell the doctor or other place you get care that you have CoverKids.
- Show them your CoverKids card.

If you've gotten health care that you think CoverKids should pay for, call us at **1-866-600-4985.** If you're getting bills for the care, we can help you find out why. If you paid for the care, we'll see if we can pay you back.

Or you can appeal. Medical Service appeals are for people who have CoverKids.

You have 60 days after you find out there's a problem to appeal. If you're getting bills, you have 60 days from when you get your first bill to appeal. If you paid for the care, you have 60 days after you pay to appeal.

For information on Medical Service Appeals, go to Part 5 of this handbook.

You can ask to end your CoverKids. There are 2 ways to ask to end your CoverKids:

1. **Call** TennCare Connect for free at **855-259-0701** and let them know you want to end your CoverKids.
2. **Send a letter** to TennCare Connect that says you want to end your CoverKids. Include your name, social security number and make sure you **sign** the letter.

IMPORTANT: If you don't **sign your letter** it will delay your request. You may have to send in another request with your signature.

Do you want to end CoverKids for other family members? Put their names and Social Security numbers in the letter too.

Mail to: **Fax to:**

TennCare Connect
P.O. Box 305240
Nashville, TN 37230-5240

855-315-0669

Other ways that your CoverKids can end:

- If something changes for you and you don't meet the rules for CoverKids anymore.
- If you **move** out of the CoverKids area.
- If you reach age 19.
- If you get other health insurance.
- If you let someone else use your CoverKids card.
- If you don't follow the rules of CoverKids.
- If you don't fill out renewal papers for your CoverKids when you are asked to. CoverKids members must renew their CoverKids each year. When it's time to see if you still qualify for CoverKids, CoverKids will send you a letter and a Renewal Packet in the mail.

Before your CoverKids ends, you will get a letter in the mail. The letter will tell you why your CoverKids is ending. It also tells you how to file an appeal if you think they've made a mistake.

Part 5:

CoverKids Appeals

Two Kinds of Appeals: The difference between Eligibility Appeals and Medical Service Appeals

An appeal is one way to fix mistakes in CoverKids. When you appeal, you're asking to tell a judge the mistake you think CoverKids made. It's called a **fair hearing.**

Your right to appeal and right to a fair hearing are explained more in Part 6 of this handbook.

There are 2 different kinds of appeals: Eligibility Appeals and Medical Appeals.

Eligibility Appeals:

Eligibility appeals are for problems like getting or keeping CoverKids or if you think your income or co-pay amounts are wrong. An eligibility appeal is filed with TennCare Connect and then goes to the Eligibility Appeals Unit at TennCare. Page NUMBER tells you more about filing an eligibility appeal.

Medical Service Appeals:

Medical Service appeals are for people who have CoverKids. Medical Service appeals are for problems like getting your health plan to OK a service your doctor says you need.

You should only have to pay your copay for your care. You should not be billed for the rest of the cost of your care. If you are billed for the rest of the cost, you can appeal. See Part 4 of this handbook to find out what to do if you get a bill for your care.

UnitedHealthcare Community Plan will send you a letter if your doctor's request for you to get a medicine or medical service is denied. UnitedHealthcare Community Plan will also send a letter if we try to stop or reduce care you have been getting. The letter will tell you how you can appeal.

Whenever you need a service that UnitedHealthcare Community Plan has denied, you have the right to ask CoverKids for an appeal. For problems getting health care, always call us at **1-866-600-4985** first.

If you **still** can't get the care you need, you can file a medical appeal by calling **CoverKids Member Medical Appeals** at **800-878-3192.**

May I ask my doctor to file my appeal for me? Yes. But the law requires your doctor to have your permission (OK) in writing, this is called your written authorization. Write **your name, your date of birth, your doctor's name, and your permission for them to appeal for you** on a piece of paper. Then fax or mail it to CoverKids Member Medical Appeals (see **below**).

What if you don't send CoverKids your OK and your doctor asks for an expedited appeal? CoverKids will send you a page to fill out, sign and send back to us.

You have 60 days after you find out there's a problem to appeal. So, if you get a denial letter from UnitedHealthcare Community Plan, you have 60 days from the date on the denial letter to file an appeal.

- For care or medicine you still need, you have **60 days** after CoverKids or UnitedHealthcare Community Plan says we won't pay for the care.
- For health care bills you think CoverKids should pay, you have **60 days** after you get your first bill.
- For care you paid for, you have **60 days** after you pay for the care.

Do you think you have an emergency?

Usually, your appeal is decided within **90 days** after you file it. But, if you have an emergency and your health plan agrees that you do, you will get an **expedited** appeal. An expedited appeal will be decided in about one week. It could take longer if UnitedHealthcare Community Plan needs more time to get your medical records.

An emergency means waiting 90 days for a "yes" or "no" decision **could put your life or physical or mental health in real danger.**

If one of those things is true for you, you can ask CoverKids for an emergency appeal. Remember, your **doctor** can also ask for this kind of appeal for you. But the law requires your doctor to have **your permission (OK) in writing.**

After you give your OK in writing your doctor can help by completing a Provider's Expedited Appeal Certificate like the one in Part 8 of this handbook. If your appeal is an emergency, you can have your doctor sign the Provider's Expedited Appeal Certificate. Your doctor should fax the certificate to **888-345-5575.**

CoverKids and your health plan UnitedHealthcare Community Plan will then look at your appeal and decide if it should be expedited. **If it should be,** you will get a decision on your appeal in about one week. Remember, it could take a few more days if your health plan needs more time to get your medical records. But, if your health plan decides your appeal should not be expedited, then you will get a hearing within 90 days from the date you filed your appeal.

How to File a Medical Appeal	
	CALL: You can call CoverKids Member Medical Appeals for free at 800-878-3192. We're here to help you Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time.
	MAIL: You can mail an appeal page **or** a letter about your problem to: **CoverKids Medical Member Appeals** **P.O. Box 000593** **Nashville, TN 37202-0593** You can use the medical appeal page in Part 8 of this handbook. Someone else like a friend or your doctor can fill the page out, but you must give your OK. To print an appeal page off the Internet, go to: **https://www.tn.gov/content/dam/tn/tenncare/documents/medappeal.pdf.** If you need another medical appeal page or want CoverKids to send you one, call **CoverKids Member Medical Appeals** at **800-878-3192.** Or, you can write your appeal on plain paper. Keep a copy of your appeal. Write down the date that you mailed it to CoverKids.

	FAX: You can fax your appeal page or letter for free to **888-345-5575.** Keep the paper that shows your fax went through.

For all medical appeals, CoverKids needs:

- Your **name** (the name of the person who wants to appeal about their care or medicine)
- Your **Social Security number (SSN).** If you don't have the SSN, give your date of birth. Include the month, day and year.
- The **address** where you get your mail.
- The **name** of the person to call if CoverKids has a question about your appeal (this can be you, or someone else).
- A **daytime phone number** for that person (this can be your phone number, or another person's phone number).

What else does CoverKids need to work your appeal?

To get a fair hearing about health care problems**, you must do both of these things:**

- You must give CoverKids **the facts** they need to work your appeal.
- And you must tell CoverKids the **mistake** you think we made. It must be something that, if you're right, means that CoverKids will pay for this care.

Depending on the reason you are filing a medical appeal, here are some other kinds of information you must tell CoverKids:

Are you appealing about **care or medicine you still need?** Tell **CoverKids:**

- The kind of health care or medicine you are appealing about.
- And the reason you want to appeal. Tell CoverKids as much about the problem as you can. Be sure you say what mistake you think CoverKids made. Send copies of any papers that you think may help CoverKids understand your problem.

Are you appealing because you **want to change health plans?** Tell CoverKids:

- The **name of the health plan you want.**
- And the **reason you want to change health plans.**

Are you appealing for **care you've already gotten** that you think CoverKids should pay for? Tell CoverKids:

- The **date** you got the care or medicine you want CoverKids to pay for.
- The name of the **doctor** or **other place** that gave you the care or medicine.
- (If you have it, include the **address** and **phone number** of the **doctor** or **other place** that gave you the care.)
- **If you paid for the care or medicine,** also give CoverKids a **copy of a receipt** that proves you paid. Your receipt must show:
    - The **kind of care** you got that you want CoverKids to pay for
    - And the name of the **person** who got the care
    - And the name of the **doctor or other place** that gave you the care
    - And the **date** you got the care
    - And the **amount** you paid for the care
- If you're getting a bill for the care or medicine, give CoverKids a copy of a bill. Your bill must show:
    - The **kind of care** that you're being billed for
    - And the name of the **person** who got the care
    - And the name of the **doctor or other place** that gave you the care
    - And the **date** you got the care
    - And the **amount** you are being billed

How to appeal health care problems

What does CoverKids do when you appeal about a health care problem?

1. **When CoverKids gets your appeal, they will send you a letter that says they got your appeal.** If you asked for an emergency appeal, it will say if you can have an emergency appeal.
2. **If CoverKids needs more facts to work your appeal, you'll get a letter that says what facts they still need.** You should give CoverKids all of the facts that they ask for, as soon as possible. If you don't, your appeal may end.
3. **CoverKids must decide a regular appeal in 90 days.** If you have an emergency appeal, they'll try to decide your appeal in about one week (unless they need more time to get your medical records).
4. **To decide your appeal, you may need a fair hearing.** To get a fair hearing, you must say CoverKids made a mistake that, if you're right, means you'll get the health care or service you're asking for. You may **not** get a fair hearing if you're asking for care or services that are not covered by CoverKids. A fair hearing lets you tell a judge the

mistake you think CoverKids made.

If CoverKids says that you can have a fair hearing, you will get a letter that says when your hearing will be.

What happens at a fair hearing about health care problems?

1. **Your hearing** can be by phone or in person. The different people who may be at your hearing include:
   - An administrative judge,
   - a CoverKids lawyer,
   - a state witness (someone like a doctor or nurse from CoverKids), and
   - You can talk for yourself, or you can bring someone else, like a friend or a lawyer, to talk for you.
2. **During the hearing,** you get to tell the judge about the mistake you think CoverKids made. You can give the judge facts and proof about your health and medical care. The judge will listen to everyone's side.
3. **After the hearing,** you will get a letter that tells you the judge's answer. What if the judge says you win your appeal? TennCare must agree that it's the right decision based on the facts of your case. Federal law says that **a judge's decision is not final until TennCare OKs it.** If TennCare overturns a judge's decision, we must tell you why in writing. The letter will tell you what to do if you disagree with TennCare's decision.

Remember, you can find out more about your Rights to a Fair Hearing, in Part 6 of this handbook.

Eligibility Appeals - Getting or keeping CoverKids and other CoverKids problems

An appeal about CoverKids problems *other than health care* is called an **eligibility appeal.** An eligibility appeal goes to the Eligibility Appeals Unit at TennCare.

An eligibility appeal is used for CoverKids problems like:

- You get a letter that says your CoverKids will end,
- **Or,** your CoverKids has ended but you didn't get a letter because you moved,
- **Or,** you think your CoverKids copays are wrong.

If you have a problem like one of those listed above, call TennCare Connect at **855-259-0701.** They will check to see if a mistake has been made. If they decide you're right, they will fix the problem. But if they say no, and you still think a mistake has been made in your case, **you can appeal.**

How to File an Eligibility Appeal

How to File an Eligibility Appeal	
	Online: You can file an appeal through your account on TennCare Connect. Go to **tenncareconnect.tn.gov**
	CALL: You can call TennCare Connect for free at **855-259-0701.** We're here to help you Monday through Friday.
	MAIL: You can write your appeal on plain paper, and mail to: **Eligibility Appeals** **P.O. Box 23650** **Nashville, TN 37202-3650** To print an appeal form off the internet, go to: https://www.tn.gov/tenncare/members-applicants/how-to-file-an-eligibility-appeal.html. You can download the TennCare Eligibility Appeal form in English or Spanish. Keep a copy of your appeal. Write down the date that you mailed it to TennCare Connect.

	FAX: You can fax your appeal page or letter for free to **844-202-5618.** Keep the paper that shows your fax went through.

For all eligibility appeals, the eligibility appeals unit needs:

- Your **full name** (first name, middle initial, last name)
- Your **Social Security Number** if you have one
- The **names of other people who live with you** with the same problem
- Your **daytime phone number** with the best time to call
- The **specific mistake** you think was made. Tell as much about the problem as you can.
- Send **copies** of any papers that show why you think the mistake was made

What else does the eligibility appeals unit need to work your appeal?

To get a fair hearing**, you must do both of these things:**

1. You must give the eligibility appeals unit **the facts** they need to work your appeal.
2. And you must tell the eligibility appeals unit the **mistake** you think we made. It must be something that, if you're right, means that you can keep or get back your CoverKids coverage; or that your CoverKids co-pays will change.

Part 6:

Your Rights and Responsibilities

Your rights and responsibilities as a CoverKids member

You have a right to:

- Be treated with respect and in a dignified way. You have a right to privacy and to have your medical and financial information treated with privacy.
- Ask for and get information about CoverKids, its policies, its services, its caregivers, and members' rights and duties.
- Ask for and get information about how CoverKids pays its providers, including any kind of bonus for care based on cost or quality.
- Ask for and get information about your medical records as the federal and state laws say. You can see your medical records, get copies of your medical records, and ask to correct your medical records if they are wrong.
- **Get services without being treated in a different way** because of race, color, national origin, language, sex, age, religion, disability or other groups protected by the civil rights laws. You have a right to report or file a written complaint if you think you have been treated in a differently. Being treated differently means you've been discriminated against. If you complain, you have the right to keep getting care without fear of bad treatment from providers or CoverKids. To file a complaint or learn more about your rights visit: https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html
- Get care without fear of physical restraint or seclusion used for bullying, discipline, convenience or revenge.
- Make appeals or complaints about CoverKids or your care. Part 5 of this handbook tells you how.
- Make suggestions about your rights and responsibilities or how CoverKids works.
- Choose a PCP in the UnitedHealthcare Community Plan network. You can turn down care from certain providers.
- Get medically necessary care that is right for you, when you need it. This includes getting **emergency services, 24 hours a day, 7 days a week.**
- Be told in an easy-to-understand way about your care and all of the different kinds of treatment that could work for you, no matter what they cost or even if they aren't covered.
- Help to make decisions about your health care.
- Make a living will or advance care plan and be told about Advance Medical Directives.
- Change health plans. If you are new to CoverKids, you can change health plans once during the 90 days after you get CoverKids. After that, you can ask to change health plans through an appeal process. There are certain reasons why you can change health plans. Part 4 of this handbook tells you more about changing health plans.
- Ask CoverKids to look again at any mistake you think they make about getting on CoverKids or keeping your CoverKids or about getting your health care.
- End your CoverKids at any time.

- Exercise any of these rights without changing the way CoverKids or its providers treat you.

Your rights to stay with UnitedHealthcare Community Plan

As a UnitedHealthcare Community Plan member, you **cannot** be moved from UnitedHealthcare Community Plan just because:

- Your health gets worse.
- You already have a medical problem. This called a pre-existing condition.
- Your medical treatment is expensive.
- Of how you use your services.
- You have a behavioral health (mental health or substance use disorder) condition.
- Your special needs to make you act in an uncooperative or disruptive way.

The only reasons you can be moved from CoverKids are:

- If you reach age 19.
- If you get other health insurance.
- If you **move** out of the CoverKids area.
- If you let someone else use your ID cards, or if you use your CoverKids to get medicines to sell.
- If you end your CoverKids or your CoverKids ends for other reasons.
- If you don't **renew** your CoverKids when it is time, or if you don't give CoverKids information they ask for when it is time to renew.
- If you don't let CoverKids know that you moved, and they can't find you.
- If you lie to get or keep your CoverKids.
- Upon your death.

You have the responsibility to:

- Understand the information in your member handbook and other papers that we send you.
- Show your CoverKids ID card whenever you get health care.
- Go to your PCP for all your medical care unless:
    - Your PCP sends you to a specialist for care.
    - You are pregnant or getting well-woman checkups.
    - It is an emergency.
- Use providers who are in the provider network. But, you can see anyone if it is an emergency. And, you can see anyone who has been approved.
- Let your PCP know when you have had to go to the Emergency Room. You (or someone for you) need to let your PCP know by 24 hours of when you got care at the ER.
- Give information to CoverKids and to your health care providers so that they can care for you.
- Follow instructions and rules that are in the handbook about your coverage and benefits.

You must also follow instructions and rules from the people who are giving you health care.

- Help to make the decisions about your health care.
- Work with your PCP so that you understand your health problems. You must also work with your PCP to come up with a treatment plan that you both say will help you.
- Treat your health care giver with respect and dignity.
- Keep health care appointments and call the office to cancel if you can't keep your appointment.
- Not let anyone else use your CoverKids ID card and let us know if it is lost or stolen.
- Tell CoverKids of any changes like:
    - If you or a family member changes your name, address, or phone number.
    - If you have a change in family size.
    - If you or a family member gets a job, lose your job, or change jobs.
    - If you or a family member has other health insurance or can get other health insurance.
- Pay any copays you need to pay.
- Let us know if you have another insurance company that should pay your medical care. The other insurance company could be insurance like auto, home, or worker's compensation.

Your Right to Appeal

In CoverKids, you get your health care through your CoverKids health plan, UnitedHealthcare Community Plan. You have rights when an action is taken that keeps you from getting health care when you need it.

1. **You have the right to get an answer from your health plan when you or your doctor asks for care.**
2. For some kinds of care, your doctor must get your health plan's OK before CoverKids will pay for it. It's called a "prior authorization" or "PA". What if your doctor asks your health plan to OK care for you? Your health plan must decide in 14 days. If you can't wait 14 days for the care you need, you can ask them to decide sooner.

   Or you can appeal before the end of the 14 days. **You have the right to get a letter from your CoverKids plan if:**

   - Your CoverKids health plan says no when you or your doctor ask for health care.
   - **Or,** you have to wait too long to get health care.
   - **Or,** your CoverKids health plan stops or changes your health care.

   The letter must say **why** you can't get the care and **what you can do** about it.

If your **health plan** decides to change care you're getting, you should get a letter at least **10 days before** it happens. If they decide to change your **hospital** care, you should get a letter **2 business days before** it happens. What if your **doctor** decides to change care you're getting? For these kinds of care, you should get a letter **2 business days before** it happens:

- Behavioral health (mental health or substance use disorder) treatment for a priority member which includes a child with Serious Emotional Disturbance (SED) or an adult with Severe and Persistent Mental Illness (SPMI)
- Behavioral Health (mental health or substance use disorder) treatment in a hospital or other place where you must stay to get the care (inpatient psychiatric or residential services)
- Care for a long term health problem when your health plan can't give you the next kind of care you need for that problem.
- Home health services.
- If your health plan or doctor doesn't send your letter in time, they **can't** change your care.

3. **You have the right to appeal if:**
   - CoverKids says no when you or your doctors ask for health care.
   - **Or,** CoverKids stops or changes your health care.
   - **Or,** you have to wait too long to get health care
   - **Or,** you have health care bills you think CoverKids should have paid for,but didn't.

You **only** have **60 days** to appeal after you find out that there is a problem.

Someone who has the legal right to act for you can also file an appeal for you. You can name a relative, friend, advocate, attorney, doctor or someone else to act for you.

For more information about filing an appeal, see Part 5 of your handbook.

Your Right to Privacy

This notice describes how medical information about you may be used and disclosed. It also tells you how you can get access to this information. Please review it carefully.

Your CoverKids is **not** changing. You don't have to do anything.

These papers tell you how we keep your health facts private. The federal government tells us we must give you these papers. These papers tell you:

1. the kinds of health information we have
2. how we share it
3. who we share it with
4. what to do if you don't want your health information shared with certain people
5. and your rights about your health information

Your Health Information is Private

We know you value the privacy of your health information**.** We call this kind of information your health facts or "**P**rotected **H**ealth **I**nformation" **(PHI).** PHI is any information used to identify you and to record your health and medical history.

Federal and state law say we must follow privacy rules to keep your PHI safe and secure. Everyone who works with us and for us must also follow these privacy rules.

1. The kinds of health information we have

When you applied for CoverKids you told us certain facts about you. Like your name, where you live, and how much money you make. We also have health facts like:

- A list of the health services and treatments you get
- Notes or records from your doctor, drug store, hospital, or other health care providers
- Lists of the medicine you take now or have taken before
- Results from x-rays and lab tests
- Genetic information ("genetics" are family traits like hair color or eye color. It can also be health conditions that you have in common with your blood relatives.)

2. How we share it

We can only share your PHI as the law lets us. The privacy rules let us share PHI for your care, to pay your health claims, and run our program. We share your PHI to:

- Show you have CoverKids and to help you get the health care you need.
- Pay your health plan and health care providers.
- Check how CoverKids benefits are being used and to check for insurance fraud.

3. Who we share it with

- With you. We can help you schedule checkups and send you news about health services.
- Other people involved in your care, like family members or caregivers. You can ask us not to share your PHI with certain people.

And we can share your PHI with everyone who works with CoverKids like:

- Health providers like doctors, nurses, hospitals, and clinics.
- Your health plan or other companies that have contracts with CoverKids.
- People helping with appeals if you file a CoverKids appeal. Your appeal may be in person or over the phone. Sometimes other people may be with you in your appeal hearing.
- Federal, state, or local government agencies providing or checking on health care.

The privacy rules also say we can share PHI with people like:

- Coroners, funeral homes, or providers who work with services like organ transplants.
- Medical researchers. They must keep your PHI private.
- Public health agencies to update their records for births, deaths, or to track diseases.
- The court when the law says we must or when we're ordered to.
- The police or for other legal reasons. We can report abuse or neglect.
- Other agencies – like for military or veterans' activities, national security, jails.

We can also share your PHI if we remove the identifiable information that tells who you are. But, we can't share your PHI with just anyone. And even when we do share it, we can only share the information the person needs to actually do their job. And we can't share your genetic information to make decisions about your eligibility for CoverKids.

Sometimes we'll need your OK in writing before we can share your PHI. We'll ask you to sign a paper giving us your OK if we need to use or share (disclose) any of the following information:

- To use or share notes a therapist takes during therapy sessions (these are called psychotherapy notes);
- To use or share PHI with companies who will use the information to try to get other people's business (for marketing purposes); and
- Sharing (disclosures) PHI with someone else for money.

Can you take back your OK? Yes. You can take back your OK anytime. But you must tell us in writing. We can't take back the PHI we've already shared.

4. What to do if you don't want your health information shared with certain people

You must ask us in writing not to share certain facts about your health. You must tell us what information you don't want shared and **who** you don't want us to share your PHI with. There are other times when we won't share your PHI if you ask us. We'll say OK if we can. But we might not say OK if you are a minor child or if we're allowed to share the PHI by law. If we can't say OK, we'll send you a letter that says why.

5. Your rights about your PHI

- You can see and get copies of your records in paper or if we have them in electronic form, you can get them electronically. You must ask in writing to do so. You may have to pay money for the cost of copying and mailing your copies. If we can't give you the information you want, we'll send you a letter that says why.
- You can talk to CoverKids about how we share your PHI.

And you have the right to:

- Ask us in writing not to share certain facts about your health.
- Ask us to not show your PHI in certain records.
    - Ask us to change PHI that's wrong. You must ask in writing and tell us why we need to change it. If we can't make the change, we'll send a letter that says why.
    - Ask us in writing to contact you in a different way or in a different place. If writing or talking to you in place puts you in danger, tell us.
    - Ask us in writing for a list of who we've shared your PHI with.

The list will say who got your PHI for the six (6) years before the date of your request. But, it won't list the times we've shared when you've given us your OK or other times when the law says we didn't need to get your permission. For example, when we use PHI:

- to help you get health care, or
- to help with payment for your care, or
- to run our program, or
- to give to law enforcement if we're required to do so.

CoverKids' Responsibility to You

CoverKids safeguards your information to protect its privacy and security. If your PHI is not safeguarded and it gets out, we have to notify you and federal authorities. But we only have to notify you:

- If the kind of information that got out would identify who you are (like your name, your Social Security Number, or your date of birth) or your treatment records,
- Depending on who the person was that used or saw your PHI,
- If anyone actually used or saw your PHI,
- What we did to lessen the risk that your PHI was used.

Requests – Ask us in writing

Your requests must be in writing. Be sure you tell us what you're asking us to do. Write your name and CoverKids ID number or Social Security Number on your letter. **Keep a copy of the letter for your records.**

Mail to:

TennCare Privacy Office
Division of TennCare
310 Great Circle Road
Nashville, TN 37228

Do you have questions? Do you need help making your request?

CALL: TennCare Connect
at **855-259-0701.**

Changes in this Notice

CoverKids' policies and procedures about requests may change without notice. We'll use the policies and procedures we have in place when you make your request.

Federal privacy rules and CoverKids privacy practices may also change. If important changes are made, we'll send you the changes in writing. We have the right to apply the changes to all the health facts we have. Or only to new health facts we get.

Questions or Complaints

Do you have questions? Do you think your privacy rights have been violated? You will not be punished if you complain or ask for help.

Call TennCare Connect at **855-259-0701** for free.

Or contact:

Division of TennCare Attn: Privacy Office 310 Great Circle Road Nashville, TN 37243 Phone: **866-797-9469** Email: Privacy.TennCare@tn.gov	**U.S. Dept. of Health and Human Services Region IV, Office of Civil Rights** Medical Privacy Complaint Division Atlanta Federal Center Suite 3B70 61 Forsyth Street, SW Atlanta, GA 30303-8931 Phone: **866-627-7748** Website: www.hhs.gov/ocr

Your Responsibility to Report Fraud and Abuse

Most CoverKids members and providers are honest. But even a few dishonest people can hurt the CoverKids program. People who lie on purpose to get CoverKids may be fined or sent to jail.

If you find out about a case of fraud and abuse in the CoverKids program, you must tell us about it. But you don't have to tell us your name.

Fraud and abuse for CoverKids members can be things like:

- Lying about facts to get or keep CoverKids.
- Hiding any facts so that you can get or keep CoverKids.
- Letting someone else use your CoverKids ID card.
- Selling or giving your prescription medicines to anyone else.

Fraud and abuse for CoverKids providers can be things like:

- Billing CoverKids for services that were never given.
- Billing CoverKids twice for the same service.

To tell us about fraud and abuse, call the **UnitedHealthcare Community Plan Hotline for free at 1-866-600-4985.**

You can also tell us about fraud and abuse online. Go to:

Member Fraud: https://www.tn.gov/finance/fa-oig/fa-oig-report-fraud.html

Provider Fraud: https://www.tn.gov/tenncare/fraud-and-abuse/program-integrity.html

Then click on “Report TennCare Fraud”.

Part 7:

Health care papers you may need

TN Division of TennCare | CoverKids

TENNCARE DISCRIMINATION COMPLAINT

Federal and State laws do not allow the TennCare Program to treat you differently because of your race, color, birthplace, disability, age, sex, religion, or any other group protected by law. Do you think you have been treated differently for these reasons? Use these pages to report a complaint to TennCare.

The information marked with a star (*) must be answered. If you need more room to tell us what happened, use other sheets of paper and mail them with your complaint.

1.* Write your name and address.

Name:_____

Address:

_____

_____Zip _____

Telephone:(_____)_____ Date of Birth: _____

Email Address: _____

Name of MCO/Health Plan:

_____

2.* Are you reporting this complaint for someone else? Yes: _____ No: _____

If Yes, who do you think was treated differently because of their race, color, birthplace, disability/handicap, age, sex, religion, or any other group protected by law?

Name: _____

Address:_____

_____ Zip _____

Telephone: Home: (_____) _____ Date of Birth: _____

How are you connected to this person (wife, brother, friend)?

_____

Name of this person's MCO/Health Plan:

_____

3.* Which part of the TennCare Program do you think treated you in a different way:

Medical Services_____ Dental Services____ Pharmacy Services_____ Behavioral Health ___

Long-Term Services & Supports_____ Eligibility Services_____ Medical Appeals_____
Eligibility Appeals_____

4.* How do you think you were you treated in a different way? Was it your:

Race___ Birthplace____ Color____ Sex____ Age____ Disability_____ Religion____ Other _____

5. What is the best time to talk to you about this complaint? _____

6.* When did this happen to you? Do you know the date?

Date it started: _____ Date of the last time it happened: _____

7. Complaints must be reported by 6 months from the date you think you were treated in a different way. You may have more than 6 months to report your complaint if there is a good reason (like a death in your family or an illness) why you waited.

_____
_____
_____

8.* What happened? How and why do you think it happened? Who did it? Do you think anyone else was treated in a different way? You can write on more paper and send it in with these pages if you need more room.

_____
_____
_____

9. Did anyone see you being treated differently? If so, please tell us their:

Name_____ Address_____

Telephone_____

10. Do you have more information you want to tell us about?

_____
_____
_____

11.* We cannot take a complaint that is not signed. Please write your name and the date on the line below. Are you the Authorized Representative of the person who thinks they were treated differently? Please sign your name below.

As the Authorized Representative, you must have proof that you can act for this person.

If the patient is less than 18 years old, a parent or guardian should sign for the minor. Declaration: *I agree that the information in this complaint is true and correct and give my OK for TennCare to investigate my complaint.*

_____

(Sign your name here if you are the person this complaint is for) (Date)

_____

(Sign here if you are the Authorized Representative) (Date)

Are you reporting this complaint for someone else but you are not the person's Authorized Representative? Please sign your name below. The person you are reporting this complaint for must sign above or must tell his/her health plan or TennCare that it is OK for them to sign for him/her. Declaration: *I agree that the information in this complaint is true and correct and give my OK for TennCare to contact me about this complaint.*

_____

(Sign here if you are reporting this for someone else) (Date)

Are you a helper from TennCare or the MCO/Health Plan assisting the member in good faith with the completion of the complaint? If so, please sign below:

_____

(Sign here if you are a helper from TennCare or the MCO/Health Plan) (Date)

It is OK to report a complaint to your MCO/Health Plan or TennCare. Information in this complaint is treated privately. Names or other information about people used in this complaint are shared only when needed. Please mail a signed Agreement to Release Information page with your complaint. If you are filing this complaint on behalf of someone else, have that person sign the Agreement to Release Information page and mail it with this complaint. Keep a copy of everything you send. Please mail or email the completed, signed Complaint and the signed Agreement to Release Information pages to us at:

TennCare, Office of Civil Rights Compliance

310 Great Circle Road; Floor 3W • Nashville, TN 37243

615-507-6474 or for free at 855-857-1673 (TRS 711)

HCFA.fairtreatment@tn.gov

You can also call us if you need help with this information.

TN Division of TennCare

TennCare Agreement to Release Information

To investigate your complaint, TennCare may need to tell other persons or organizations important to this complaint your name or other information about you.

To speed up the investigation of your complaint, read, sign, and mail one copy of this Agreement to Release Information with your complaint. Please keep one copy for yourself.

- I understand that during the investigation of my complaint TennCare may need to share my name, date of birth, claims information, health information, or other information about me to other persons or organizations. And TennCare may need to gather this information about you from persons or organizations. For example, if I report that my doctor treated me in a different way because of my color, TennCare may need to talk to my doctor and gather my medical records.

- You do not have to agree to release your name or other information. It is not always needed to investigate your complaint. If you do not sign the release, we will still try to investigate your complaint. If you don't agree to let us use your name or other details, it may limit or stop the investigation of your complaint. We may have to close your case. Before we close your case because you did not sign the release, we may contact you to find out if you want to sign a release so the investigation can continue.

If you are filing this complaint for someone else, we need that person to sign the Agreement to Release Information. Are you signing this as an Authorized Representative? Then you must also give us a copy of the documents appointing you as the Authorized Representative.

By signing this Agreement to Release Information, I agree that I have read and understand my rights written above. I agree to TennCare sharing my name or other information about me to other persons or organizations important to this complaint during the investigation and outcome.

This Agreement to Release Information is in place until the final outcome of your complaint. You may cancel your agreement at any time by calling or writing to TennCare without canceling your complaint. If you cancel your agreement, information already shared cannot be made unknown.

Signature: _____ Date: _____

Name (Please print): _____

Address: _____

Telephone: _____

Need help? Want to report a complaint? Please contact or mail a completed, signed Complaint and a signed Agreement to Release Information form:

TennCare OCRC

310 Great Circle Road, 3W

Nashville, TN 37243

Phone: 1-615-507-6474 or for free at 1-855-857-1673 (TRS 711)

Email: HCFA.fairtreatment@tn.gov

Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: **Español**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-600-4985 (TTY:711).

Kurdish: **كوردى**

ئاگاداری: ئەگەر بە زمانی كوردی قەسە دەكەیت، خزمەتگوزاریەكانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. پەیوەندی بە 1-866-600-4985 (TTY:711)..بكە

Arabic: **ربيةلعا**

وظةملح: اذا متتكل ةللغا ربيةلعا اتمدخ دةعالمسا ويةللغا رةفومت كل انجام. اتصل مقبر:1-866-600-4985 مقر فتاه صملا و ملبكا(TTY: 711)

Chinese: **繁體中文**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-600-4985 (TTY:711).

Vietnamese: **Tiếng Việt**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-600-4985 (TTY:711).

Korean: **한국어**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-600-4985 (TTY:711) 번으로 전화해 주십시오.

French: **Français**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-600-4985 (TTY:711).

Amharic: **አማርኛ**

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-600-4985 (መስማት ለተሳናቸው:TTY:711).

Gujarati: **ગુજરાતી**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-600-4985 (TTY:711).

Laotian: **ພາສາລາວ**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-866-600-4985 (TTY:711).

German: **Deutsch**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-600-4985 (TTY:711).

Tagalog: **Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-600-4985 (TTY:711).

Hindi: **हिंदी**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-690-1606

(TTY:711). पर कॉल करें।

Serbo-Croatian: **Srpsko-hrvatski**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-600-4985 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Russian: **Русский**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-600-4985 (телетайп: TTY:711).

Nepali: **नेपाली**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-866-600-4985 (टिटिवाइ: TTY:711).

Persian: **فارسی**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-600-4985 (TTY:711) تماس بگیرید.

- **Do you need help talking with us or reading what we send you?**
- **Do you have a disability and need help getting care or taking part in one of our programs or services?**
- **Or do you have more questions about your health care?**

Call us for free at 1-866-600-4985. We can connect you with the free help or service you need. (For TTY call 711.)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birthplace, language, age, disability, religion, or sex.

Do you think we did not help you or you were treated differently because of your race, color, birthplace, language, age, disability, religion, or sex?

You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

TennCare, Office of Civil Rights Compliance

310 Great Circle Road, 3W
Nashville, TN 37243

Email: **HCFA.Fairtreatment@tn.gov**

Phone: 1-855-857-1673 (TRS 711)

You can get a complaint form online at:
https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html

Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance

P.O. Box 30608
Salt Lake City, UT 84130

Email: **UHC_Civil_Rights@uhc.com**

Phone: 1-866-600-4985

U.S. Department of Health & Human Services, Office for Civil Rights

200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019 (TDD 1-800-537-7697)

Online: **https://www.hhs.gov/civil-rights/filing-a-complaint/index.html**

(For TTY call: 1-800-848-0298) **Advance Directives**

Advance Directives are your written wishes about what you want to happen, if you get too sick to be able to say.

Living Will or Advance Care Plan

Machines and medicine can keep people alive when they otherwise might die. Doctors used to decide how long someone should be kept alive. Under the Tennessee Right to Natural Death Act, you can make your own choice. **You can decide if you want to be kept alive by machines and for how long** by filling out a Living Will. In 2004, Tennessee law changed the Living Will to **Advance Care Plan.** Either one is ok to use.

A Living Will or Advance Care Plan needs to be filled out while you can still think for yourself. These papers tell your friends and family what you want to happen to you, if you get too sick to be able to say.

Your papers must be signed, and either witnessed or notarized.

If your papers are witnessed, your papers need to be signed in front of two people who will be your witnesses. These people:

- Cannot be related to you by blood or marriage.
- Cannot receive anything you own after you die.
- Cannot be your doctor or any of the staff who work in the place where you get health care.

Once they are signed by everyone, it is your rule. It stays like this unless you change your mind.

Tennessee Durable Power of Attorney for Health Care or Appointment of Health Care Agent

The Durable Power of Attorney for Health Care paper lets you name another person to make medical decisions for you. In 2004, Tennessee law changed the Durable Power of Attorney for Health Care to **Appointment of Health Care Agent.** Either one is OK to use.

This person can only make decisions if you are too sick to make your own. He or she can say your wishes for you if you can't speak for yourself. Your illness can be temporary.

These papers must be signed, and either witnessed or notarized. Once the papers are signed by everyone, it is your rule. It stays like this unless you change your mind.

These papers will only be used if you get too sick to be able to say what you want to happen. As long as you can still think for yourself, you can decide about your health care **yourself.**

If you fill out these papers, make **3** copies:

- **Give** 1 copy to your PCP to put in your medical file.
- **Give** 1 copy to the person who will make a medical decision for you.
- **Keep** a copy with you to put with your important papers.

IMPORTANT: You **do not** have to fill out these papers. It is your choice. You may want to talk to a lawyer or friend before you fill out these papers.

Tennessee has created a legal document called a Declaration for Mental Health Treatment (DHMT) that can also help. The DMHT allows you to plan ahead by writing down your requests in case of a mental health crisis. It describes what services you want to occur when receiving mental health treatment. More information about the DMHT can be found online. Go to: **https://www.tn.gov/content/dam/tn/mentalhealth/documents/Declaration_for_Mental_Health_Treatment-Form.pdf.**

ADVANCE DIRECTIVE FOR HEALTH CARE*

(Tennessee)

Instructions: Parts 1 and 2 may be used together or independently. Please mark out/void any unused part(s). Part 5, Block A or Block B must be completed for all uses.

I, _____, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

Part I **Agent:** I want the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: _____ Relation: _____ Home Phone: _____ Work Phone: _____

Address: _____ Mobile Phone: _____ Other Phone: _____

Alternate Agent: If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: _____ Relation: _____ Home Phone: _____ Work Phone: _____

Address: _____ Mobile Phone: _____ Other Phone: _____

My agent is also my personal representative for purposes of federal and state privacy laws, including HIPAA.

When Effective (mark one): ☐ I give my agent permission to make health care decisions for me at any time, even if I have capacity to make decisions for myself. ☐ I do not give such permission (this form applies only when I no longer have capacity).

Part 2 **Indicate Your Wishes for Quality of Life:** By marking "yes" below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management. By marking "**no**" below, I have indicated conditions I would not be willing to live with (that to me would create an **unacceptable** quality of life).

☐ Yes ☐ No	**Permanent Unconscious Condition:** I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
☐ Yes ☐ No	**Permanent Confusion:** I become unable to remember, understand, or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.

☐ ☐ Yes No	**Dependent in all Activities of Daily Living:** I am no longer able to talk or communicate clearly or move by myself. I depend on others for feeding, bathing, dressing, and walking. Rehabilitation or any other restorative treatment will not help.
☐ ☐ Yes No	**End-Stage Illnesses:** I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where oxygen is needed most of the time and activities are limited due to the feeling of suffocation.

Indicate Your Wishes for Treatment: If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked "no" above) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking "yes" below, I have indicated treatment I want. By marking "**no**" below, I have indicated treatment I **do not want**.

☐ ☐ Yes No	**CPR (Cardiopulmonary Resuscitation):** To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.
☐ ☐ Yes No	**Life Support / Other Artificial Support:** Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys, and other organs to continue to work.
☐ ☐ Yes No	**Treatment of New Conditions:** Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.
☐ ☐ Yes No	**Tube feeding/IV fluids:** Use of tubes to deliver food and water to a patient's stomach or use of IV fluids into a vein, which would include artificially delivered nutrition and hydration.

PLEASE SIGN ON PAGE 2

Part 3 **Other instructions, such as hospice care, burial arrangements, etc.:**

_____

_____

_____

_____

(Attach additional pages if necessary)

Part 4 Organ donation: Upon my death, I wish to make the following anatomical gift for purposes of transplantation, research, and/or education (mark one):

☐ Any organ/tissue ☐ My entire body ☐ Only the following organs/tissues: _____

_____

☐ No organ/tissue donation

SIGNATURE

Part 5 Your signature must **either** be witnessed by two competent adults ("Block A") **or** by a notary public ("Block B").

Signature: _____ Date: _____

(Patient)

_____

Block A Neither witness may be the person you appointed as your agent or alternate, and at least one of the witnesses must be someone who is not related to you or entitled to any part of your estate.

Witnesses:

1. I am a competent adult who is not named as the agent. I witnessed the patient's signature on this form.

   _____
   Signature of witness number 1

2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption and I would

not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

_____
Signature of witness number 2

Block B You may choose to have your signature witnessed by a notary public instead of the witnesses described in Block A.

STATE OF TENNESSEE

COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who signed as the "patient." The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires:_____

_____
Signature of Notary Public

WHAT TO DO WITH THIS ADVANCE DIRECTIVE: (1) provide a copy to your physician(s); (2) keep a copy in your personal files where it is accessible to others; (3) tell your closest relatives and friends what is in the document; (4) provide a copy to the person(s) you named as your health care agent.

*This form replaces the old forms for durable power of attorney for health care, living will, appointment of agent, and advance care plan, and eliminates the need for any of those documents.

Page 2 of 2

Part 8:

More Information

CoverKids Immunization Schedule

Under CoverKids for children under 19 we cover:

Regular, periodic visits to the doctor to see if the child is developing normally and to see if he or she has any physical or behavioral health (mental health, alcohol or drug abuse) problems, dental, or other conditions. These visits are called "screenings" (or "screens") and need to happen according to the American Academy of Pediatrics (AAP) Periodicity Schedule.

For example:

- Children from birth through age 30 months have the right to get 12 screens
- Children from age 3 through age 11 have the right to get 9 screens
- Children from age 12 through age 18 have the right to get 7 screens

In addition, a child has a right to get a "screening" whenever the child is referred to a doctor by someone such as a teacher who notices a change in the child's health or behavior.

Screenings include the following:

- A comprehensive health and development history
- A comprehensive, unclothed physical exam
- Appropriate immunizations (shots)
- Appropriate vision and hearing tests
- Appropriate laboratory tests
- Developmental/behavioral screening (as needed)
- Health education (advice on how to keep your child healthy)

You also get other services in addition to screening services:

- Treatment, including rehabilitation, for any health problems (physical, mental or developmental) or other conditions discovered during a "screening". You can also get scheduling assistance for services.
- Regular visits to a dentist for checkups and treatment through DentaQuest;
- Regular, periodic tests of the child's hearing and eyesight. Includes treatment of any problems with hearing and eyesight;
- Immunizations (shots) for diphtheria, tetanus, pertussis, polio, measles, mumps, rubella (MMR), HIB, influenza, Hepatitis A and B vaccines, varicella, Rotavirus, Human papillomavirus (HPV) and Meningitis, pneumococcal; and
- Routine lab tests. (Note a test for lead in the blood and sickle cell anemia will be done if the child is in a situation that might put him or her at risk for either or both of these things)
- If your child has a high level of lead in his or her blood, lead investigations will be done. If

you think that your child has been around things that have a high lead content, such as old paint, tell your doctor; and

- Health education; and
- Other necessary health care, diagnostic services, treatment and other measures necessary to correct improve defects or prevent defects from worsening; if your child has physical and mental illnesses and conditions that are found in the screening process, they are treated.
- Basic health education for child and parents is part of the preventive services CoverKids gives you.

Copayments are not required for preventive services.

Recommended Child and Adolescent Immunization Schedule
for ages 18 years or younger

UNITED STATES
2024

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	**RSV-mAb**	Beyfortus™
Vaccine	**Abbreviation(s)**	**Trade name(s)**
COVID-19	**1vCOV-mRNA**	Comirnaty®/Pf zer-BioNTech COVID-19 Vaccine Spikevax®/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	**DEN4CYD**	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	**DTaP**	Daptacel® Infanrix®
Haemophilus influenzae type b vaccine	**Hib (PRP-T)** **Hib (PRP-OMP)**	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	**HepA**	Havrix® Vaqta®
Hepatitis B vaccine	**HepB**	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	**HPV**	Gardasil 9®
Inf uenza vaccine (inactivated)	**IIV4**	Multiple
Inf uenza vaccine (live, attenuated)	**LAIV4**	FluMist®Quadrivalent
Measles, mumps, and rubella vaccine	**MMR**	M-M-R II® Priorix®
Meningococcal serogroups A, C, W, Y vaccine	**MenACWY-CRM** **MenACWY-TT**	Menveo® MenQuadf ®
Meningococcal serogroup B vaccine	**MenB-4C** **MenB-FHbp**	Bexsero® Trumenba®
Meningococcal serogroup A, B, C, W, Y vaccine	**MenACWY-TT/ MenB-FHbp**	Penbraya™
Mpox vaccine	**Mpox**	Jynneos®
Pneumococcal conjugate vaccine	**PCV15** **PCV20**	Vaxneuvance™ Prevnar 20®
Pneumococcal polysaccharide vaccine	**PPSV23**	Pneumovax 23®
Poliovirus vaccine (inactivated)	**IPV**	Ipol®
Respiratory syncytial virus vaccine	**RSV**	Abrysvo™
Rotavirus vaccine	**RV1** **RV5**	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	**Tdap**	Adacel® Boostrix®
Tetanus and diphtheria vaccine	**Td**	Tenivac® Tdvax™
Varicella vaccine	**VAR**	Varivax®
Combination vaccines *(use combination vaccines instead of separate injections when appropriate)*		
DTaP, hepatitis B, and inactivated poliovirus vaccine	**DTaP-HepB-IPV**	Pediarix®
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	**DTaP-IPV/Hib**	Pentacel®
DTaP and inactivated poliovirus vaccine	**DTaP-IPV**	Kinrix® Quadracel®
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	**DTaP-IPV-Hib-HepB**	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	**MMRV**	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identif cation purposes only and does not imply endorsement by the ACIP or CDC.

11/16/2023

How to use the child and adolescent immunization schedule

1. Determine recommended vaccine by age **(Table 1)**
2. Determine recommended interval for catch-up vaccination **(Table 2)**
3. Assess need for additional recommended vaccines by medical condition or other indication **(Table 3)**
4. Review vaccine types, frequencies, intervals, and considerations for special situations **(Notes)**
5. Review contraindications and precautions for vaccine types **(Appendix)**
6. Review new or updated ACIP guidance **(Addendum)**

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Associates (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically signif cant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays

Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/vaccines/acip/acip-scdm-faqs.html
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identif cation and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual

Scan QR code for access to online schedule

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS310020-D

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes					1 dose (8 through 19 months), See Notes											
Hepatitis B (HepB)	1st dose	←— 2nd dose —→			←— 3rd dose —→												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose			←— 4th dose —→				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		←— 3rd or 4th dose, See Notes —→										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose		←— 4th dose —→										
Inactivated poliovirus (IPV <18 yrs)			1st dose	2nd dose	←— 3rd dose —→							4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)												
Influenza (IIV4)							Annual vaccination 1 or 2 doses							Annual vaccination 1 dose only			
or													or				
Influenza (LAIV4)											Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes		←— 1st dose —→					2nd dose					
Varicella (VAR)							←— 1st dose —→					2nd dose					
Hepatitis A (HepA)					See Notes		2-dose series, See Notes										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy, See Notes			
Dengue (DEN4CYD; 9-16 yrs)														Seropositive in endemic dengue areas (See Notes)			
Mpox																	

Range of recommended ages for all children | Range of recommended ages for catch-up vaccination | Range of recommended ages for certain high-risk groups | Recommended vaccination can begin in this age group | Recommended vaccination based on shared clinical decision-making | No recommendation/ not applicable

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2024

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Children age 4 months through 6 years					
Vaccine	**Minimum Age for Dose 1**	**Minimum Interval Between Doses**			
		Dose 1 to Dose 2	**Dose 2 to Dose 3**	**Dose 3 to Dose 4**	**Dose 4 to Dose 5**
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months** A fifth dose is not necessary if the fourth dose was administered at age 4 years or older ***and*** at least 6 months after dose 3
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib®, Pentacel®, Hiberix®), Vaxelis® or unknown **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; **OR** if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; **OR** if both doses were PedvaxHIB® and were administered before the 1st birthday	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks** if current age is younger than 12 months ***and*** previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); **OR** if current age is 12 months or older ***and*** at least 1 dose was administered before age 12 months	**8 weeks (as final dose)** This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months** if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older ***and*** at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years **OR** if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2024

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions are often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count[a]		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on Dialysis	Chronic liver disease	Diabetes
			<15% or <200mm	≥15% and ≥200mm						
RSV-mAb (nirsevimab)		2nd RSV season		1 dose depending on maternal RSV vaccination status, See Notes			2nd RSV season for chronic lung disease (See Notes)	1 dose depending on maternal RSV vaccination status, See Notes		
Hepatitis B										
Rotavirus		SCID[b]								
DTaP/Tdap	DTaP Tdap: 1 dose each pregnancy									
Hib		HSCT: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19		See Notes								
IIV4										
LAIV4							Asthma, wheezing: 2–4 years[c]			
MMR	*									
VAR	*									
Hepatitis A										
HPV	*	3 dose series. See Notes								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration, See Notes									
Dengue										
Mpox	See Notes									

- Recommended for all age-eligible children who lack documentation of a complete vaccination series
- Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease
- Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.
- Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction
- Contraindicated or not recommended *Vaccinate after pregnancy, if indicated
- No Guidance/ Not Applicable

a. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

b. Severe Combined Immunodeficiency

c. LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

Notes Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2024.

Additional information

- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. **The repeat dose should be spaced after the invalid dose by the recommended minimum interval.** For further details, see Table 3-2, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Barnett ED, Lynfield Ruth, Sawyer MH, eds. *Red Book: 2021–2024 Report of the Committee on Infectious Diseases*. 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021:72–86).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the child and adolescent vaccine schedule are covered by VICP except dengue, PPSV23, RSV, Mpox and COVID-19 vaccines. Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

COVID-19 vaccination

(minimum age: 6 months [Moderna and Pfizer-BioNTech COVID-19 vaccines], 12 years [Novavax COVID-19 Vaccine])

Routine vaccination

Age 6 months–4 years

- **Unvaccinated:**
  - 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4-8 weeks
  - 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3-8, 11-16 weeks
- **Previously vaccinated* with 1 dose of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna 4-8 weeks after the most recent dose.
- **Previously vaccinated* with 2 or more doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 8 weeks after the most recent dose.
- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 8 weeks (minimum interval between previous Pfizer-BioNTech and dose 1: 3-8 weeks).
- **Previously vaccinated* with 2 or more doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 5–11 years

- **Unvaccinated:** 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine.
- **Previously vaccinated* with 1 or more doses of Moderna or Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 12–18 years

- **Unvaccinated:**
  - 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine
  - 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3-8 weeks
- **Previously vaccinated* with any COVID-19 vaccine(s):** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

Special situations

Persons who are moderately or severely immunocompromised**

Age 6 months–4 years

- **Unvaccinated:**
  - 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
  - 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 11 weeks.
- **Previously vaccinated* with 1 dose of any Moderna:** 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna and dose 1: 4 weeks).
- **Previously vaccinated* with 2 doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after the most recent dose.
- **Previously vaccinated* with 3 or more doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 8 weeks after the most recent dose.
- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 8 weeks (minimum interval between previous Pfizer-BioNTech and dose 1: 3 weeks).
- **Previously vaccinated* with 2 or more doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 5–11 years

- **Unvaccinated:**
  - 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
  - 3-dose series updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks.
- **Previously vaccinated* with 1 dose of any Moderna:** 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna and dose 1: 4 weeks).
- **Previously vaccinated* with 2 doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after the most recent dose.
- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech and dose 1: 3 weeks)
- **Previously vaccinated* with 2 doses of any Pfizer-BioNTech:** 1 dose of 2023–2024 Pfizer-BioNTech at least 4 weeks after the most recent dose.

- **Previously vaccinated* with 3 or more doses of any Moderna or Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 12–18 years

- **Unvaccinated:**
  - 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
  - 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks
  - 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3 weeks
- **Previously vaccinated* with 1 dose of any Moderna:** 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna dose and dose 1: 4 weeks).
- **Previously vaccinated* with 2 doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after the most recent dose.
- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech dose and dose 1: 3 weeks).
- **Previously vaccinated* with 2 doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 4 weeks after the most recent dose.
- **Previously vaccinated* with 3 or more doses of any Moderna or Pfizer-BioNTech:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.
- **Previously vaccinated* with 1 or more doses of Janssen or Novavax or with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

There is no preferential recommendation for the use of one COVID-19 vaccine over another when more than one recommended age-appropriate vaccine is available.

Administer an age-appropriate COVID-19 vaccine product for each dose. For information about transition from age 4 years to age 5 years or age 11 years to age 12 years during COVID-19 vaccination series, see Tables 1 and 2 at www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid-vaccines.

Current COVID-19 schedule and dosage formulation available at www.cdc.gov/covidschedule. For more information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, see www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines

***Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

****Note:** Persons who are moderately or severely immunocompromised have the option to receive one additional dose of updated (2023–2024 Formula) COVID-19 vaccine at least 2 months following the last recommended updated (2023–2024 Formula) COVID-19 vaccine dose. Further additional updated (2023–2024 Formula) COVID-19 vaccine dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose. Moderately or severely immunocompromised children 6 months–4 years of age should receive homologous updated (2023–2024 Formula) mRNA vaccine dose(s) if they receive additional doses.

Dengue vaccination (minimum age: 9 years)

Routine vaccination

- Age 9–16 years living in areas with endemic dengue **AND** have laboratory confirmation of previous dengue infection
  - 3-dose series administered at 0, 6, and 12 months
- Endemic areas include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s_cid=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html
- Dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix® or Quadracel®])

Routine vaccination

- 5-dose series (3-dose primary series at age 2, 4, and 6 months, followed by a booster doses at ages 15–18 months and 4–6 years
  - **Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
  - **Retrospectively:** A 4th dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

Special situations

- **Wound management** in children less than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine: For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. For detailed information, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.

Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

Routine vaccination

- **ActHIB®, Hiberix®, Pentacel®, or Vaxelis®:** 4-dose series (3-dose primary series at age 2, 4, and 6 months, followed by a booster dose* at age 12–15 months)
  - *Vaxelis® is not recommended for use as a booster dose. A different Hib-containing vaccine should be used for the booster dose.
- **PedvaxHIB®:** 3-dose series (2-dose primary series at age 2 and 4 months, followed by a booster dose at age 12–15 months)

Catch-up vaccination

- **Dose 1 at age 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at age 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before age 12 months and dose 2 before age 15 months:** Administer dose 3 (final dose) at least 8 weeks after dose 2.
- **2 doses of PedvaxHIB® before age 12 months:** Administer dose 3 (final dose) at age12–59 months and at least 8 weeks after dose 2.
- **1 dose administered at age 15 months or older:** No further doses needed
- **Unvaccinated at age 15–59 months:** Administer 1 dose.

- **Previously unvaccinated children age 60 months or older who are not considered high risk:** Do not require catch-up vaccination

For other catch-up guidance, see Table 2. Vaxelis® can be used for catch-up vaccination in children less than age 5 years. Follow the catch-up schedule even if Vaxelis® is used for one or more doses. For detailed information on use of Vaxelis® see www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm.

Special situations

- **Chemotherapy or radiation treatment:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
- **Hematopoietic stem cell transplant (HSCT):**
  - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history
- **Anatomic or functional asplenia (including sickle cell disease):**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated* persons age 5 years or older
  - 1 dose
- **Elective splenectomy:**
  Unvaccinated* persons age 15 months or older
  - 1 dose (preferably at least 14 days before procedure)
- **HIV infection:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated* persons age 5–18 years
  - 1 dose
- **Immunoglobulin deficiency, early component complement deficiency:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Unvaccinated* = Less than routine series (through age 14 months) **OR no doses (age 15 months or older)

Hepatitis A vaccination
(minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series (minimum interval: 6 months) at age 12–23 months

Catch-up vaccination

- Unvaccinated persons through age 18 years should complete a 2-dose series (minimum interval: 6 months).
- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents age 18 years or older may receive the combined HepA and HepB vaccine, **Twinrix®**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months).

International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (www.cdc.gov/travel/):
  - **Infants age 6–11 months**: 1 dose before departure; revaccinate with 2 doses (separated by at least 6 months) between age 12–23 months.
  - **Unvaccinated age 12 months or older**: Administer dose 1 as soon as travel is considered.

Hepatitis B vaccination
(minimum age: birth)

Routine vaccination

- 3-dose series at age 0, 1–2, 6–18 months **(use monovalent HepB vaccine for doses administered before age 6 weeks)**
  - Birth weight ≥2,000 grams: 1 dose within 24 hours of birth if medically stable
  - Birth weight <2,000 grams: 1 dose at chronological age 1 month or hospital discharge (whichever is earlier and even if weight is still <2,000 grams).
- Infants who did not receive a birth dose should begin the series as soon as possible (see Table 2 for minimum intervals).
- Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum intervals (see Table 2):** when 4 doses are administered, substitute "dose 4" for "dose 3" in these calculations
- **Final (3rd or 4th) dose:** age 6–18 months **(minimum age 24 weeks)**
- **Mother is HBsAg-positive**
  - **Birth dose (monovalent HepB vaccine only):** administer **HepB vaccine** and **hepatitis B immune globulin (HBIG)** (in separate limbs) within 12 hours of birth, regardless of birth weight.
  - **Birth weight <2000 grams:** administer 3 additional doses of HepB vaccine beginning at age 1 month (total of 4 doses)
  - **Final (3rd or 4th) dose:** administer at age 6 months **(minimum age 24 weeks)**
  - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.
- **Mother is HBsAg-unknown**

  If other evidence suggestive of maternal hepatitis B infection exists (e.g., presence of HBV DNA, HBeAg-positive, or mother known to have chronic hepatitis B infection), manage infant as if mother is HBsAg-positive
  - **Birth dose (monovalent HepB vaccine only):**
    - Birth weight ≥2,000 grams: administer **HepB vaccine** within 12 hours of birth. Determine mother's HBsAg status as soon as possible. If mother is determined to be HBsAg-positive, administer **HBIG** as soon as possible (in separate limb), but no later than 7 days of age.
    - Birth weight <2,000 grams: administer **HepB vaccine** and **HBIG** (in separate limbs) within 12 hours of birth. Administer 3 additional doses of **HepB vaccine** beginning at age 1 month (total of 4 doses)
  - **Final (3rd or 4th) dose:** administer at age 6 months **(minimum age 24 weeks)**
  - If mother is determined to be HBsAg-positive or if status remains unknown, test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.

Catch-up vaccination

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months. See Table 2 for minimum intervals
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombivax HB®** only).
- Adolescents age 18 years may receive:
  - **Heplisav-B®:** 2-dose series at least 4 weeks apart
  - **PreHevbrio®:** 3-dose series at 0, 1, and 6 months
  - Combined HepA and HepB vaccine, **Twinrix®:** 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months).

Special situations

- Revaccination is not generally recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.
- **Post-vaccination serology testing and revaccination** (if anti-HBs <10mIU/mL) is recommended for certain populations, including:
  - Infants born to HBsAg-positive mothers
  - Persons who are predialysis or on maintenance dialysis
  - Other immunocompromised persons
  - For detailed revaccination recommendations, see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html.

Note: Heplisav-B and PreHevbrio are not recommended in pregnancy due to lack of safety data in pregnant persons

Human papillomavirus vaccination
(minimum age: 9 years)

Routine and catch-up vaccination

- HPV vaccination routinely recommended at **age 11–12 years (can start at age 9 years)** and catch-up HPV vaccination recommended for all persons through age 18 years if not adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
  - **Age 9–14 years at initial vaccination**: 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
  - **Age 15 years or older at initial vaccination**: 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)
- No additional dose recommended when any HPV vaccine series **of any valency** has been completed using recommended dosing intervals.

Special situations

- **Immunocompromising conditions, including HIV infection:** 3-dose series, even for those who initiate vaccination at age 9 through 14 years.
- **History of sexual abuse or assault:** Start at age 9 years
- **Pregnancy:** Pregnancy testing not needed before vaccination; HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant

Influenza vaccination
(minimum age: 6 months [IIV], 2 years [LAIV4], 18 years [recombinant influenza vaccine, RIV4])

Routine vaccination

- Use any influenza vaccine appropriate for age and health status annually:
  - **Age 6 months–8 years** who have received **fewer** than 2 influenza vaccine doses before July 1, 2023, or whose influenza vaccination history is unknown: 2 doses, separated by at least 4 weeks. Administer dose 2 even if the child turns 9 years between receipt of dose 1 and dose 2.
  - **Age 6 months–8 years** who have received **at least** 2 influenza vaccine doses before July 1, 2023: 1 dose
  - **Age 9 years or older:** 1 dose
- For the 2023-2024 season, see www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm.
- For the 2024–25 season, see the 2024–25 ACIP influenza vaccine recommendations.

Special situations

- **Close contacts (e.g., household contacts) of severely immunosuppressed persons who require a protected environment:** should not receive LAIV4. If LAIV4 is given, they should avoid contact with for such immunosuppressed persons for 7 days after vaccination.

Note: Persons with an egg allergy can receive any influenza vaccine (egg-based and non-egg-based) appropriate for age and health status.

Measles, mumps, and rubella vaccination
(minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series at age 12–15 months, age 4–6 years
- MMR or MMRV* may be administered

Note: For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV* may be used if parents or caregivers express a preference.

Catch-up vaccination

- Unvaccinated children and adolescents: 2-dose series at least 4 weeks apart*
- The maximum age for use of MMRV* is 12 years.

Special situations

- **International travel**
  - **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2-dose series at age 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.*
  - **Unvaccinated children age 12 months or older:** 2-dose series at least 4 weeks apart before departure*
- In mumps outbreak settings, for information about additional doses of MMR (including 3rd dose of MMR), see www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm

***Note:** If MMRV is used, the minimum interval between MMRV doses is 3 months

Meningococcal serogroup A,C,W,Y vaccination
(minimum age: 2 months [MenACWY-CRM, Menveo], 2 years [MenACWY-TT, MenQuadfi]), 10 years [MenACWY-TT/MenB-FHbp, Penbraya])

Routine vaccination

- 2-dose series at age 11–12 years; 16 years

Catch-up vaccination

- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations

Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

- **Menveo®***
  - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
  - Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
  - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- **MenQuadfi®**
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

Travel to countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (www.cdc.gov/travel/)**:**

- Children less than age 24 months:
  - **Menveo®* (age 2–23 months)**
    - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
    - Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
    - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
- Children age 2 years or older: 1 dose Menveo®* or MenQuadfi®

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

- 1 dose **Menveo®*** or **MenQuadfi®**

Adolescent vaccination of children who received MenACWY prior to age 10 years:

- **Children for whom boosters are recommended** because of an ongoing increased risk of meningococcal disease (e.g., those with complement component deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk.
- **Children for whom boosters are not recommended** (e.g., a healthy child who received a single dose for travel to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

**Menveo has two formulations: lyophilized and liquid. The liquid formulation should not be used before age 10 years. See www.cdc.gov/vaccines/vpd/mening/downloads/menveo-single-vial-presentation.pdf.*

Note: For MenACWY **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Children age 10 years or older may receive a single dose of Penbraya™ as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day (see "Meningococcal serogroup B vaccination" section below for more information).

Meningococcal serogroup B vaccination
(minimum age: 10 years [MenB-4C, Bexsero®; MenB-FHbp, Trumenba®; MenACWY-TT/MenB-FHbp, Penbraya™])

Shared clinical decision-making

- **Adolescents not at increased risk** age 16–23 years (preferred age 16–18 years) based on shared clinical decision-making:
  - **Bexsero®:** 2-dose series at least 1 month apart
  - **Trumenba®:** 2-dose series at least 6 months apart (if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2)

For additional information on shared clinical decision-making for MenB, see www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-mening-b-shared-clinical-decision-making.pdf

Special situations

Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

- **Bexsero®:** 2-dose series at least 1 month apart
- **Trumenba®:** 3-dose series at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed; if dose 3 is administered earlier than 4 months after dose 2, a 4th dose should be administered at least 4 months after dose 3)

Note: Bexsero® and **Trumenba®** are not interchangeable; the same product should be used for all doses in a series.

For MenB **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Children age 10 years or older may receive a dose of Penbraya™ as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day. For age-eligible children not at increased risk, if Penbraya™ is used for dose 1 MenB, MenB-FHbp (Trumenba) should be administered for dose 2 MenB. For age-eligible children at increased risk of meningococcal disease, Penbraya™ may be used for additional MenACWY and MenB doses (including booster doses) if both would be given on the same clinic day **and** at least 6 months have elapsed since most recent Penbraya™ dose.

Mpox vaccination
(minimum age: 18 years [Jynneos®])

Special situations

- **Age 18 years and at risk for Mpox infection:** 2-dose series, 28 days apart.

  Risk factors for Mpox infection include:
  - Persons who are gay, bisexual, and other MSM, transgender or nonbinary people who in the past 6 months have had:
    - A new diagnosis of at least 1 sexually transmitted disease
    - More than 1 sex partner
    - Sex at a commercial sex venue
    - Sex in association with a large public event in a geographic area where Mpox transmission is occurring
  - Persons who are sexual partners of the persons described above
  - Persons who anticipate experiencing any of the situations described above
- **Pregnancy:** There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant persons. Pregnant persons with any risk factor described above may receive Jynneos.

For detailed information, see: www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-10-25-26/04-MPOX-Rao-508.pdf

Pneumococcal vaccination
(minimum age: 6 weeks [PCV15], [PCV 20]; 2 years [PPSV23])

Routine vaccination with PCV

- 4-dose series at 2, 4, 6, 12–15 months

Catch-up vaccination with PCV

- Healthy children ages 2–4 years with any incomplete* PCV series: 1 dose PCV
- For other catch-up guidance, see Table 2.

Note: For children **without** risk conditions, PCV20 is not indicated if they have received 4 doses of PCV13 or PCV15 or another age appropriate complete PCV series.

Special situations

Children and adolescents with cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; or diabetes mellitus:

Age 2–5 years

- Any incomplete* PCV series with:
  - 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
  - Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)
- Completed recommended PCV series but have not received PPSV23
  - Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
  - Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.

Age 6–18 years

- Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.**
- Received PCV before age 6 years but have not received PPSV23
  - Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
  - Not previously received PCV20: 1 dose PCV20 OR 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.
- Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose.
- Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: no further doses of any PCV or PPSV23 indicated.

Children and adolescents on maintenance dialysis, or with immunocompromising conditions such as nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; or sickle cell disease or other hemoglobinopathies:

Age 2–5 years

- Any incomplete* PCV series:
  - 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
  - Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)
- Completed recommended PCV series but have not received PPSV23
  - Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
  - Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.

Age 6–18 years

- Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or 1 dose of PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.**
- Received PCV before age 6 years but have not received PPSV23
  - Previously received at least 1 dose of PCV20: no additional dose of PCV or PPSV23
  - Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer either PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose and at least 5 years after dose 1 PPSV23.

**Incomplete series* = Not having received all doses in either the recommended series or an age-appropriate catch-up series. See Table 2 in ACIP pneumococcal recommendations at stacks.cdc.gov/view/cdc/133252

***When both PCV15 and PPSV23 are indicated, administer all doses of PCV15 first. PCV15 and PPSV23 should not be administered during the same visit.*

For guidance on determining which pneumococcal vaccines a patient needs and when, please refer to the mobile app, which can be downloaded here: www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html

Poliovirus vaccination
(minimum age: 6 weeks)

Routine vaccination

- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose on or after age 4 years and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before age 4 years when a combination vaccine containing IPV is used. However, a dose is still recommended on or after age 4 years and at least 6 months after the previous dose.

Catch-up vaccination

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- **Adolescents age 18 years known or suspected to be unvaccinated or incompletely vaccinated:** administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.* Unless there are specific reasons to believe they were not vaccinated, most persons aged 18 years or older born and raised in the United States can assume they were vaccinated against polio as children.

Series containing oral poliovirus vaccine (OPV), either mixed OPV-IPV or OPV-only series:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_%20cid=mm6601a6_w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.
  - Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign).
  - Doses of OPV administered on or after April 1, 2016, should not be counted.
  - For guidance to assess doses documented as "OPV," see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Table 2.

Special situations

- **Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series*:** may administer one lifetime IPV booster

***Note:** Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus immunization (minimum age: birth [Nirsevimab, RSV-mAb (Beyfortus™)

Routine immunization

- **Infants born October – March in most of the continental United States***
  - Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown: administer 1 dose nirsevimab within 1 week of birth in hospital or outpatient setting
  - Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab within 1 week of birth in hospital or outpatient setting
  - Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html)
- **Infants born April–September in most of the continental United States***
  - Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown: administer 1 dose nirsevimab shortly before start of RSV season*
  - Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab shortly before start of RSV season*
  - Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers(see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html)

Infants with prolonged birth hospitalization** (e.g., for prematurity) discharged October through March should be immunized shortly before or promptly after discharge.

Special situations

- **Ages 8–19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable)**:**
  - 1 dose nirsevimab shortly before start of second RSV season*
- **Ages 8–19 months who are American Indian or Alaska Native:**
  - 1 dose nirsevimab shortly before start of second RSV season*
- **Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass**:** 1 additional dose of nirsevimab after surgery. For additional details see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html

***Note:** While the timing of the onset and duration of RSV season may vary, nirsevimab may be administered October through March in most of the continental United States. Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season, nirsevimab may also be administered during the RSV season to infants and children who are age-eligible.

****Note:** Nirsevimab can be administered to children who are eligible to receive palivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm and www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html

Respiratory syncytial virus vaccination (RSV [Abrysvo™])

Routine vaccination

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*:** 1 dose RSV vaccine (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.
  - Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.
- **All other pregnant persons:** RSV vaccine not recommended.

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

***Note:** Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality.

Rotavirus vaccination (minimum age: 6 weeks)

Routine vaccination

- **Rotarix®:** 2-dose series at age 2 and 4 months
- **RotaTeq®:** 3-dose series at age 2, 4, and 6 months
- If any dose in the series is either **RotaTeq®** or unknown, default to 3-dose series.

Catch-up vaccination

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Table 2.

Notes Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

Tetanus, diphtheria, and pertussis (Tdap) vaccination
(minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

Routine vaccination

- **Age 11–12 years:** 1 dose Tdap (adolescent booster)
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

Note: Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination

- **Age 13–18 years who have not received Tdap:** 1 dose Tdap (adolescent booster)
- **Age 7–18 years not fully vaccinated* with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.
- **Tdap administered at age 7–10 years:**
  - **Age 7–9 years** who receive Tdap should receive the adolescent Tdap booster dose at age 11–12 years.
  - **Age 10 years** who receive Tdap do not need the adolescent Tdap booster dose at age 11–12 years.
- **DTaP inadvertently administered on or after age 7 years**:
  - **Age 7–9 years**: DTaP may count as part of catch-up series. Administer adolescent Tdap booster dose at age 11–12 years.
  - **Age 10–18 years**: Count dose of DTaP as the adolescent Tdap booster dose.
- For other catch-up guidance, see Table 2.

Special situations

- **Wound management** in persons age 7 years or older with history of 3 or more doses of tetanus-toxoid-containing vaccine: For clean and minor wounds, administer Tdap or Td if more than 10 years since last dose of tetanus-toxoid-containing vaccine; for all other wounds, administer Tdap or Td if more than 5 years since last dose of tetanus-toxoid-containing vaccine. Tdap is preferred for persons age 11 years or older who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant adolescent, use Tdap.
- For detailed information, see www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm.

**Fully vaccinated* = 5 valid doses of DTaP OR 4 valid doses of DTaP if dose 4 was administered at age 4 years or older

Varicella vaccination
(minimum age: 12 months)

Routine vaccination

- 2-dose series at age 12–15 months, 4–6 years
- VAR or MMRV may be administered*
- Dose 2 may be administered as early as 3 months after dose 1 (a dose inadvertently administered after at least 4 weeks may be counted as valid)

**Note*: For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express a preference.

Catch-up vaccination

- Ensure persons age 7–18 years without evidence of immunity (see *MMWR* at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have a 2-dose series:
  - **Age 7–12 years**: Routine interval: 3 months (a dose inadvertently administered after at least 4 weeks may be counted as valid)
  - **Age 13 years and older**: Routine interval: 4–8 weeks (minimum interval: 4 weeks)
  - The maximum age for use of *MMRV* is 12 years.

Appendix Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

Guide to Contraindications and Precautions to Commonly Used Vaccines

Adapted from Table 4-1 in Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization: Contraindication and Precautions, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2023–24 Influenza Season | MMWR (cdc.gov), Contraindications and Precautions for COVID-19 Vaccination, and Contraindications and Precautions for JYNNEOS Vaccination

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended[1]	Precautions[2]
COVID-19 mRNA vaccines [Pfizer-BioNTech, Moderna]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine[4]	• Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of an mRNA COVID-19 vaccine[4]; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of an mRNA COVID-19 vaccine • Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine • Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) • Moderate or severe acute illness, with or without fever
COVID-19 protein subunit vaccine [Novavax]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a Novavax COVID-19 vaccine[4]	• Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of Novavax COVID-19 vaccine[4]; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of a Novavax COVID-19 vaccine • Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine • Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) • Moderate or severe acute illness, with or without fever
Influenza, egg-based, inactivated injectable (IIV4)	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component[3] (excluding egg)	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Moderate or severe acute illness with or without fever
Influenza, cell culture-based inactivated injectable (ccIIV4) [Flucelvax Quadrivalent]	• Severe allergic reaction (e.g., anaphylaxis) to any ccIIV of any valency, or to any component[3] of ccIIV4	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using ccIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, recombinant injectable (RIV4) [Flublok Quadrivalent]	• Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component[3] of RIV4	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, ccIIV, or LAIV of any valency. If using RIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, live attenuated (LAIV4) [Flumist Quadrivalent]	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component[3] (excluding egg) • Children age 2–4 years with a history of asthma or wheezing • Anatomic or functional asplenia • Immunocompromised due to any cause including, but not limited to, medications and HIV infection • Close contacts or caregivers of severely immunosuppressed persons who require a protected environment • Pregnancy • Cochlear implant • Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear or any other cranial CSF leak • Children and adolescents receiving aspirin or salicylate-containing medications • Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Asthma in persons age 5 years old or older • Persons with underlying medical conditions other than those listed under contraindications that might predispose to complications after wild-type influenza virus infection, e.g., chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus) • Moderate or severe acute illness with or without fever

1. When a contraindication is present, a vaccine should **NOT** be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization.
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization.
3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See Package inserts for U.S.-licensed vaccines.
4. See package inserts and FDA EUA fact sheets for a full list of vaccine ingredients. mRNA COVID-19 vaccines contain polyethylene glycol (PEG).

Appendix

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended[1]	Precautions[2]
Dengue (DEN4CYD)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Lack of laboratory confirmation of a previous Dengue infection	• Pregnancy • HIV infection without evidence of severe immunosuppression • Moderate or severe acute illness with or without fever
Diphtheria, tetanus, pertussis (DTaP)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • For DTaP only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP or DTaP	• Guillain-Barré syndrome (GBS) within 6 weeks after previous dose of tetanus-toxoid–containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid–containing or tetanus-toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine • For DTaP only: Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurologic status clarified and stabilized • Moderate or severe acute illness with or without fever
Haemophilus influenzae type b (Hib)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Less than age 6 weeks	• Moderate or severe acute illness with or without fever
Hepatitis A (HepA)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] including neomycin	• Moderate or severe acute illness with or without fever
Hepatitis B (HepB)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] including yeast • *Pregnancy: Heplisav-B and PreHevbrio are not recommended due to lack of safety data in pregnant persons. Use other hepatitis B vaccines if HepB is indicated*[4].	• Moderate or severe acute illness with or without fever
Hepatitis A-Hepatitis B vaccine (HepA-HepB) [Twinrix]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] including neomycin and yeast	• Moderate or severe acute illness with or without fever
Human papillomavirus (HPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • *Pregnancy: HPV vaccination not recommended.*	• Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR) Measles, mumps, rubella, and varicella (MMRV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent	• Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing • Moderate or severe acute illness with or without fever • For MMRV only: Personal or family (i.e., sibling or parent) history of seizures of any etiology
Meningococcal ACWY (MenACWY) MenACWY-CRM [Menveo] MenACWY-TT [MenQuadfi]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • For Men ACWY-CRM only: severe allergic reaction to any diphtheria toxoid—or CRM197—containing vaccine • For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine	• For MenACWY-CRM only: Preterm birth if less than age 9 months • Moderate or severe acute illness with or without fever
Meningococcal B (MenB) MenB-4C [Bexsero] MenB-FHbp [Trumenba]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Pregnancy • For MenB-4C only: Latex sensitivity • Moderate or severe acute illness with or without fever
Meningococcal ABCWY (MenACWY-TT/MenB-FHbp) [Penbraya]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe allergic reaction to a tetanus toxoid-containing vaccine	• Moderate or severe acute illness, with or without fever
Mpox [Jynneos]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness, with or without fever
Pneumococcal conjugate (PCV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe allergic reaction (e.g., anaphylaxis) to any diphtheria-toxoid-containing vaccine or its component[3]	• Moderate or severe acute illness with or without fever
Pneumococcal polysaccharide (PPSV23)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness with or without fever
Poliovirus vaccine, inactivated (IPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Pregnancy • Moderate or severe acute illness with or without fever
RSV monoclonal antibody (RSV-mAb)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[5]	• Moderate or severe acute illness with or without fever
Respiratory syncytial virus vaccine (RSV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness with or without fever
Rotavirus (RV) RV1 [Rotarix] RV5 [RotaTeq]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe combined immunodeficiency (SCID) • History of intussusception	• Altered immunocompetence other than SCID • Chronic gastrointestinal disease • RV1 only: Spina bifida or bladder exstrophy • Moderate or severe acute illness with or without fever
Tetanus, diphtheria, and acellular pertussis (Tdap) Tetanus, diphtheria (Td)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • For Tdap only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP, DTaP, or Tdap	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus-toxoid–containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid–containing or tetanus-toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid–containing vaccine • For Tdap only: Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized • Moderate or severe acute illness with or without fever
Varicella (VAR)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent	• Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) • Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination) • Use of aspirin or aspirin-containing products • Moderate or severe acute illness with or without fever • If using MMRV, see MMR/MMRV for additional precautions

1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states.
4. For information on the pregnancy exposure registries for persons who were inadvertently vaccinated with Heplisav-B or PreHevbrio while pregnant, please visit heplisavbpregnancyregistry.com or www.prehevbrio.com/#safety.
5. Full prescribing information for BEYFORTUS (nirsevimab-alip) www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.pdf

Addendum Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

In addition to the recommendations presented in the previous sections of this immunization schedule, ACIP has approved the following recommendations by majority vote since October 26, 2023. The following recommendations have been adopted by the CDC Director and are now official. Links are provided if these recommendations have been published in *Morbidity and Mortality Weekly Report (MMWR)*.

Vaccines	Recommendations	Effective Date of Recommendation*
No new vaccines or vaccine recommendations to report		

*The effective date is the date when the CDC director adopted the recommendation and when the ACIP recommendation became official.

Legal Definitions

Emergency Medical Condition – a sudden beginning of a medical condition showing itself by acute symptoms of enough severity (including severe pain) so that a careful layperson, with an average knowledge of health and medicine, could reasonably expect not having immediate medical attention to result in:

- serious danger to the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child);
- serious damage to bodily functions; or
- serious dysfunction of any bodily organ or part.

Medically Necessary – To be medically necessary, a medical item or service must satisfy each of the following criteria:

- It must be recommended by a licensed physician who is treating the enrollee or other licensed health care provider practicing within the scope of his or her license who is treating the enrollee;
- It must be required in order to diagnose or treat an enrollee's medical condition;
- It must be safe and effective;
- It must not be experimental or investigational; and
- It must be the least costly alternative course of diagnosis or treatment that is adequate for the enrollee's medical condition.

When applied to the care of the inpatient, it further means that the enrollee's medical condition requires that services cannot be safely provided to the enrollee as an outpatient.

Health Plan Notices of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2023

By law, we[1] must protect the privacy of your health information ("HI"). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to access your HI.
- By law, we must follow the terms of this notice.

HI is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or e-mail. We will also post the new notice at this website **(www.uhccommunityplan.com)**. We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How we collect, use, and share your information We collect, use, and share your HI with:

- You or your legal representative.
- Government agencies.

We have the right to collect, use and share your HI for certain purposes. This must be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** We may collect, use, and share your HI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may collect, use, and share your HI with your providers to help with your care.
- **For Health Care Operations.** We may suggest a disease management or wellness program. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** We may collect, use, and share your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.

- **For Reminders on Benefits or Care.** We may collect, use and share your HI to send you appointment reminders and information about your health benefits.
- **For Communications to You.** We may use the phone number or email you gave us to contact you about your benefits, healthcare or payments.

We may collect, use, and share your HI as follows:

- **As Required by Law.**
- **To Persons Involved with Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.
- **For Workers' Compensation.** To comply with labor laws.
- **For Research.** To study disease or disability.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law. We may give HI to funeral directors.
- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates** if needed to give you services. Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
    1. Alcohol and Substance Abuse
    2. Biometric Information

3. Child or Adult Abuse or Neglect, including Sexual Assault
4. Communicable Diseases
5. Genetic Information
6. HIV/AIDS
7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

Your rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website **(www.uhccommunityplan.com)**.

- **To ask that we correct or amend** your HI. Depending on where you live, you can also ask us to delete your HI. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

Using your rights

- **To Contact your Health Plan. Call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center **at 1-866-633-2446**, or TTY/RTT **711**.
- **To Submit a Written Request.** Mail to: UnitedHealthcare Privacy Office MN017-E300, P.O. Box 1459, Minneapolis MN 55440
- **Timing.** We will respond to your phone or written request within 30 days.
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

[1] This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus Wisconsin Insurance; Health Plan of Nevada, Inc.; Optimum Choice, Inc.; Oxford Health Plans (NJ), Inc.; Physicians Health Choice of Texas, LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Incorporated; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Community Plan of Georgia, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of America; UnitedHealthcare Insurance Company of River Valley; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United Healthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; and UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to **https://www.uhc.com/privacy/entities-fn-v2**.

Financial Information Privacy Notice

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2023

We[2] protect your "personal financial information" ("FI"). FI is non-health information. FI identifies you and is generally not public.

Information we collect

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others. This may be premium payment data.

Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

Confidentiality and security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

Questions about this notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center **at 1-866-633-2446**, or TTY/RTT **711**.

[2] For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: ACN Group of California, Inc.; AmeriChoice Corporation.; Benefitter Insurance Solutions, Inc.; Claims Management Systems, Inc.; Dental Benefit Providers, Inc.; Ear Professional International Corporation; Excelsior Insurance Brokerage, Inc.; gethealthinsurance.com Agency, Inc. Golden Outlook, Inc.; Golden Rule Insurance Company; HealthMarkets Insurance Agency; Healthplex of CT, Inc.; Healthplex of ME, Inc.; Healthplex of NC, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Management, LLC; Life Print Health, Inc.; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Global Solutions (India) Private Limited; Optum Health Care Solutions, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, LLC; Solstice Administrators of Alabama, Inc.; Solstice Administrators of Arizona, Inc.; Solstice Administrators of Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators of Texas, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; U.S. Behavioral Health Plan, California; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; and USHEALTH Group, Inc.; and Vivify Health, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to **https://www.uhc.com/privacy/entities-fn-v2**.

We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-866-600-4985**, TTY/TDD **711**. You can also visit our website at **UHCCommunityPlan.com**.

UnitedHealthcare Community Plan
8 Cadillac Drive, Suite 100
Brentwood, TN 37027

UHCCommunityPlan.com

1-866-600-4985, TTY/TDD **711**

United Healthcare
Community Plan

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