

**APPENDIX C (3)**  
**Services Provider by**  
**Department of Health PR**

## APPENDIX C (3)

### Immunization Certification 2025

I, Luis A. Torres Olivera, President & CEO, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

**Product Platino Identification: H4007-016**

ADMINISTRACION DE  
SEGUROS DE SALUD

**I. <sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)**

**25 - 00001**

**Contrato Número**

- Hepatitis A
- Hepatitis B
- Rotavirus (RV)
- DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)
- Hib (Vacuna conjugada Hib)
- PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023. CDC
- Polio (IPV)
- <sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).
- MMR
- Varicela (VAR)
- Vacunas Antimeningocócicas - ,MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. MenB (Meningeococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]
- Tdap
- Virus Papiloma Humano (VPH)
- Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas. The Dengue note was **revised** to clarify that the dengue vaccine is recommended for

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*[Handwritten signature]*

seropositive children living in endemic areas, not for children traveling to or visiting endemic dengue areas.

**COVID 19:** Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "1v" and "2v," respectively) and vaccine platform (mRNA versus acellular protein subunit, or "aPS")

## II. <sup>3</sup>Vaccines for adults from 21 years of age \*\*\*

Haemophilus influenzae type b vaccine – **Hib**

Hepatitis A vaccine – **HepA**

Hepatitis A and hepatitis B vaccine - **HepA-HepB**

Hepatitis B vaccine – **HepB**

Human papillomavirus vaccine – **HPV**

Influenza vaccine (inactivated) - **IIV4**

Influenza vaccine (live, attenuated) - **LAIV4**

Influenza vaccine (recombinant) - **RIV4**

Measles, mumps, and rubella vaccine – **MMR**

Meningococcal serogroups A, C, W, Y vaccine

**MenACWY-D**

**MenACWY-CRM**

**MenACWY-TT**

Meningococcal serogroup B vaccine

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**MenB-FHbp**

Pneumococcal 15-valent conjugate vaccine - **PCV15**

Pneumococcal 20-valent conjugate vaccine - **PCV20**

Pneumococcal 23-valent polysaccharide vaccine - **PPSV23**

Tetanus and diphtheria toxoids – **Td**

Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**

Varicella vaccine – **VAR**

Zoster vaccine, recombinant - **RZV**

ADMINISTRACION DE  
SEGUROS DE SALUD

25 - 00001

Contrato Número




**III. Post-transplanted bone marrow patients of any age will be covered for all required vaccinations.**

**IV. COVID 19 Vaccine** - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



**Luis A. Torres Olivera**  
**President & CEO**



**Date**

<sup>1</sup>The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

<sup>2</sup>View Recommends influenza vaccination 2017-2018

<sup>3</sup>Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection.  
Recommended vaccination for adults with an additional risk factor or another indication.

\*\*\*Reference: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

**ADMINISTRACION DE  
SEGUROS DE SALUD**

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**Contrato Número**



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**Product Platino Identification: H4007-018**

ADMINISTRACION DE  
SEGUROS DE SALUD

**I. <sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)**

**25 - 00001**

**Contrato Número**

- Hepatitis A
- Hepatitis B
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- PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023. CDC
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- MMR
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seropositive children living in endemic areas, not for children traveling to or visiting endemic dengue areas.

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Influenza vaccine (live, attenuated) - **LAIV4**

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Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**

Varicella vaccine – **VAR**

Zoster vaccine, recombinant - **RZV**

ADMINISTRACION DE  
SEGUROS DE SALUD

25 - 00001

Contrato Número

*[Handwritten signature]*

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**III. Post-transplanted bone marrow patients of any age will be covered for all required vaccinations.**

**IV. COVID 19 Vaccine** - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

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**ADMINISTRACION DE  
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**Product Platino Identification: H4007-026**

ADMINISTRACION DE  
SEGUROS DE SALUD

**25 - 00001**

**Contrato Número**

**I. <sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)**

- Hepatitis A
- Hepatitis B
- Rotavirus (RV)
- DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)
- Hib (Vacuna conjugada Hib)
- PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023. CDC
- Polio (IPV)
- <sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).
- MMR
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seropositive children living in endemic areas, not for children traveling to or visiting endemic dengue areas.

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## **II. <sup>3</sup>Vaccines for adults from 21 years of age \*\*\***

Haemophilus influenzae type b vaccine – **Hib**

Hepatitis A vaccine – **HepA**

Hepatitis A and hepatitis B vaccine - **HepA-HepB**

Hepatitis B vaccine – **HepB**

Human papillomavirus vaccine – **HPV**

Influenza vaccine (inactivated) - **IIV4**

Influenza vaccine (live, attenuated) - **LAIV4**

Influenza vaccine (recombinant) - **RIV4**

Measles, mumps, and rubella vaccine – **MMR**

Meningococcal serogroups A, C, W, Y vaccine

**MenACWY-D**

**MenACWY-CRM**

**MenACWY-TT**

Meningococcal serogroup B vaccine

**MenB-4C**

**MenB-FHbp**

Pneumococcal 15-valent conjugate vaccine - **PCV15**

Pneumococcal 20-valent conjugate vaccine - **PCV20**

Pneumococcal 23-valent polysaccharide vaccine - **PPSV23**

Tetanus and diphtheria toxoids – **Td**

Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**

Varicella vaccine – **VAR**

Zoster vaccine, recombinant - **RZV**

ADMINISTRACION DE  
SEGUROS DE SALUD

25 - 00001

Contrato Número

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**III. Post-transplanted bone marrow patients of any age will be covered for all required vaccinations.**

**IV. COVID 19 Vaccine** - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

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ADMINISTRACION DE  
SEGUROS DE SALUD

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Contrato Número



## APPENDIX C (3)

### Immunization Certification 2025

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**Product Platino Identification: H4007-027**

ADMINISTRACION DE  
SEGUROS DE SALUD

25 - 00001

Contrato Número

#### I. <sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)

- Hepatitis A
- Hepatitis B
- Rotavirus (RV)
- DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)
- Hib (Vacuna conjugada Hib)
- PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023, CDC
- Polio (IPV)
- <sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).
- MMR
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## II. <sup>3</sup>Vaccines for adults from 21 years of age \*\*\*

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Influenza vaccine (live, attenuated) - **LAIV4**

Influenza vaccine (recombinant) - **RIV4**

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Meningococcal serogroups A, C, W, Y vaccine

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**MenACWY-CRM**

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Varicella vaccine – **VAR**

Zoster vaccine, recombinant - **RZV**

ADMINISTRACION DE  
SEGUROS DE SALUD

25 - 00001

Contrato Número



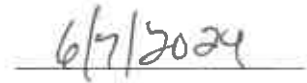
**III. Post-transplanted bone marrow patients of any age will be covered for all required vaccinations.**

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ADMINISTRACION DE  
SEGUROS DE SALUD

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Contrato Número



## APPENDIX C (3)

### Immunization Certification 2025

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**Product Platino Identification: H4007-030**

ADMINISTRACION DE  
SEGUROS DE SALUD

25 - 00001

Contrato Número

#### I. <sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)

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- Hepatitis B
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ADMINISTRACION DE  
SEGUROS DE SALUD

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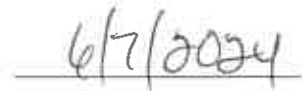
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**Product Platino Identification: H4007-031**

ADMINISTRACION DE  
SEGUROS DE SALUD

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**25 - 00001**

**Contrato Número**

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ADMINISTRACION DE  
SEGUROS DE SALUD

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Contrato Número



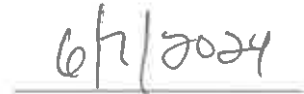
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