

**Chenango County Department of Health
Nursing Division**

Clinic/Vaccine Costs

Administration Fee: there is a maximum of a \$22 vaccine administration fee at each visit. If you do not have insurance or your insurance does not cover this, the fee is adjusted according to income and ability to pay.

If you have one of the insurances listed below, your insurance company will be billed for services. There is no out of pocket charge to you.

| | |
|---------------------|------------------|
| Aetna | Cigna |
| Excellus BC/BS | Fidelis Care |
| Medicaid (NYS only) | Managed Medicaid |

If you are under the age of 19 and uninsured or do not have one of the listed insurances, or your insurance company does not cover vaccination, you are eligible for Vaccines For Children (VFC) vaccine which is free except for an administration fee. (See administration fee above)

If you are age 19 and older, and are uninsured or do not have a billable insurance, you may be eligible for Vaccines for Adults (VFA) vaccine, which is free except for an administration fee. (See administration fee above). The eligible vaccines under this program are highlighted in yellow in the chart below.

We are unable to bill Medicare; therefore if your vaccines are normally covered under Medicare, the fee is as listed in the chart below. If you are unable to pay the amount listed, it can be adjusted according to income and ability to pay. Some vaccines for *Medicare Part B only* recipients are covered under the VFA program at no charge as indicated with a *** in the chart below. (See administration fee above)

| Vaccine | Cost | Vaccine | Cost |
|-------------------------|--------|---------------------------|--------|
| ActHib | 11.00 | Kinrix Dtap + IPV | 50.00 |
| Adacel Tdap *** | 36.00 | Menactra *** | 114.00 |
| Boostrix Tdap *** | 36.00 | Meningococcal Bexsero | 151.00 |
| Energix Hep B adult *** | 46.00 | MMR *** | 75.00 |
| Energix Hep B pediatric | 24.00 | Pediarix Hep B/Dtap/IPV | 70.00 |
| Gardasil HPV | 208.00 | Pentacel HIB/Dtap/IPV | 91.00 |
| Havrix Hep A Adult *** | 42.00 | Pneumococcal 23 | 98.00 |
| Havrix Hep A Pediatric | 27.00 | Prevnar 13 | 188.00 |
| HepaSav (Hep B) | 122.00 | Rotarix (2 dose) | 114.00 |
| Hiberix HIB | 10.00 | Rotateq (3 dose) | 83.00 |
| Infanrix Dtap | 20.00 | Shingrix | 144.00 |
| Influenza Adult | 17.00 | Tenivac TD *** | 33.00 |
| Influenza Pediatric | 0.00 | Twinrix Hep A + Hep B *** | 81.00 |
| IPV Polio | 32.00 | Varicella | 129.00 |

| | |
|-------------------------|--|
| Yellow highlight | = Vaccines covered under VFA program for adults, no charge |
| *** | = VFA vaccines for Medicare Part B recipients, no charge |

Rabies Post Exposure Vaccination: Insurance is billed, and/or no charge for services
Chest Clinic: (Tuberculosis infection): Insurance is billed, and/or no charge for services