



Health Department Vaccine Pricing/Insurance Information

Effective: 10/1/2024

Fees listed below are due at the time of service. Prices are subject to change. We can bill your insurance company for routine immunizations but cannot guarantee they will pay. Any vaccines not paid for by your insurance company are your responsibility to pay. All Travel consult fees and vaccinations must be paid for at the time of service. Our office does not bill insurance companies for travel consults. All prices are based on a single dose of vaccine, some vaccinations require more than one dose.

Insurance or Vaccine Self Pay	NDC	Vaccine Name	Fee
COVID-19 (2024-2025 Formula)	00069-2432-10	Comirnaty	\$216
Hepatitis A, child (price per dose)	58160-0825-52	Harvix	\$48
Hepatitis A, adult (price per dose)	58160-0826-52	Havrix	\$110
Hepatitis B, child (price per dose)	58160-0820-52	Engerix	\$29
Hepatitis B, adult (price per dose)	58160-0821-52	Engerix	\$76
Hepatitis A & B (price per dose)	58160-0815-52	Twinrix	\$168
Hib (Haemophilus influenza type b)	00006-4897-00	PedvaxHIB	\$41
HPV (Human Papillomavirus) (price per dose)	00006-4121-02	Gardasil	\$430
Influenza (2024-2025 Formula)	49281-0641-15	Fluzone	\$27
MMR (measles/mumps/rubella)	00006-4681-00	MMRII	\$129
MMRV- (measles/mumps/rubella/chicken pox)	00006-4171-00	ProQuad	\$373
Meningococcal B – Meningococcal Group B	58160-0976-20	Bexsero	\$308
Meningococcal B – Meningococcal Groups A, C, Y, W	49281-0590-05	MenQuadfi	\$223
Meningococcal – Meningococcal Group B	00005-0100-05	Trumemba	\$348
Tetanus (Td)	49281-0215-15	Tenivac	\$51
DTaP (diphtheria/tetanus/pertussis)	49281-0286-10	Daptacel	\$38
DTaP-IPV/Hib (diphtheria/pertussis/polio/tetanus/haemophilus influenza type B)	49281-0511-05	Pentacel	\$159
DTaP-IPV (diphtheria/tetanus/pertussis/polio)	49281-564-15	Quadracel	\$84
Tdap (tetanus/diphtheria/pertussis)	49281-0400-20	Adacel	\$66
Dtap/IPV/Hib/HepB (Diphtheria/tetanus/pertussis/polio/hepatitis B/haemophilus influenza type B)	63361-243-15	Vaxelis	\$201
Pneumococcal	00005-2000-02	Prevnar 20	\$501
Polio - IPV	49281-0860-10	IPOL	\$60
Rotavirus	00006-4047-41	RotaTeq	\$127
RSV, adult	58160-0848-11	Arexvy	\$449
Varicella (chicken pox)	00006-4827-00	Varivax	\$247
Shingles – Zoster	58160-0823-11	Shingrix	\$308
TB Skin Test – PPD	49281-0752-21	Tubersol	\$15
Travel Clinic Vaccines	NDC	Vaccine Name	Fee
Travel Vaccine Consult – Each Person	N/A	Per Person	\$50
Oral Cholera		Vaxchora	
Injectable Typhoid	49281-0790-51	Typhim Vi	\$202
Yellow Fever	49281-0915-01	YF-VAX	\$297
Japanese Encephalitis – 2 doses (price per dose)	42515-0002-01	IXIARO	\$547
Rabies – Pre Exposure, 2 doses (price per dose)	49281-0252-51	Imovax	\$591

Vaccines for Children (VFC Program) Children 0-19 years old with No Insurance No VFC eligible child will be refused service for inability to pay	NDC	Vaccine Name	Fee (max)
COVID-19 (2024-2025 Formula)		TBA	\$ 19.85
Hepatitis A, pediatric	58160-825-52	Havrix	\$ 19.85
Hepatitis B, pediatric	58160-820-52	Engerix	\$ 19.85
HPV9	0006-4121-02	Gardasil	\$ 19.85
Hib (bacterial meningitis)	0006-4897-00	PedvaxHIB	\$ 19.85
Influenza (2024-2025 Formula)		TBA	\$ 19.85
MMR (measles/mumps/rubella)	58160-824-15	Priorix	\$ 19.85
MMRV (measles/mumps/rubella/chicken pox)	0006-4171-00	Proquad	\$ 19.85
Meningococcal B –Mcv4 (Meningococcal B)	58160-976-20	Bexsero	\$ 19.85
Meningococcal B –Mcv4 (meningitis B)	58160-827-30	Menveo	\$ 19.85
Tdap (tetanus/diphtheria/pertussis)	58160-842-52	Boostrix	\$ 19.85
DTaP (diphtheria/tetanus/pertussis)	58160-810-52	Infanrix	\$ 19.85
DTaP-IPV (diphtheria/pertussis/tetanus/polio)	58160-812-52	Kinrix	\$ 19.85
DTaP/Hep B/IPV (diphtheria/hepatitis B/pertussis/polio/tetanus)	58160-811-52	Pediarix	\$ 19.85
DTaP-IPV/Hib (diphtheria/pertussis/polio/ tetanus/Haemophilus influenza type B)	49281-511-05	Pentacel	\$ 19.85
DTaP/IPV/Hib/HepB	63361-243-15	Vaxelis	\$ 19.85
RSV	49281-574-15 49281-575-15	Beyfortus	\$ 19.85
IPV, Polio	49281-860-10	Ipol	\$ 19.85
Pneumococcal – Pcv13	0005-1971-02	Prevnar	\$ 19.85
Pneumococcal – Pcv20		Prevnar	\$ 19.85
Varicella (chicken Pox)	0006-4827-00	Varivax	\$ 19.85
Vaccines for Uninsured Adults (Vaccines dependent on supply from state health department)	NDC	Vaccine Name	Fee (max)
COVID-19 (2024-2025 Formula)		TBA	TBA
Hepatitis A Adult		TBA	TBA
Hepatitis B Adult		TBA	TBA
Influenza (2024-2025 Formula)		TBA	TBA
Tdap (tetanus/diphtheria/pertussis)	58160-842-52	Boostrix	TBA
Zoster (Shingles)	58160-819-12	Shingrix	TBA

Below is a current list of insurance companies we are contracted with. This list is subject to change, and we recommend you check with your insurance provider to see if they cover your specific vaccine and/or services.

- Medicare
- Medicaid, WV
- Highmark Blue Cross/Blue Shield
- The Health Plan
- Peak Health
- UMWA
- Tricare
- United Healthcare

If your insurance coverage is not listed above, please note the Wheeling-Ohio County Health Department is not able to bill other commercial insurance companies at this time. Adults and children with insurance coverage not listed above can receive vaccines but will be charged the cost of the vaccine in addition to the vaccine administration fee. It is your responsibility to check with your insurance company to determine if the insurance company will reimburse you when you receive vaccinations at the Wheeling-Ohio County Health Department. Please call your insurance company regarding reimbursement prior to arriving at the clinic. The health department may not be a participating provider for some insurance companies, so it is important that you tell your insurance company you are receiving vaccines at the health department.