

Vaccination(s) voucher*

A wellness benefit brought to you by Walgreens and Optum Care Network

Information below must be completed prior to receiving your shot.

Name: _____

Date of birth: _____ Home ZIP code: _____

Group #: 24OCARPCR Expiration date: 06/30/2025

For pharmacy use only:

Plan ID: IMZ Recipient #: [8-digit patient DOB, 5-digit patient ZIP code, 5-digit store #] _____

To make an appointment, use the app or visit [Walgreens.com/ScheduleVaccine](https://www.walgreens.com/ScheduleVaccine)



Optum Care Network

*Voucher not valid in ND. This voucher entitles bearer to one vaccination as indicated at any Walgreens retail pharmacy or Duane Reade pharmacy. This form may only be used once for a single-dose vaccine or twice for a two-dose vaccine series or three times for a three-dose vaccine series. It may not be copied, duplicated or transferred. The vaccine(s) indicated on this voucher may be covered by your health plan benefit. This voucher is not insurance and may not be used in combination with any insurance billing, copayment or any other vaccination payment or reimbursement. This voucher may only be redeemed for the vaccinations indicated on this voucher. Vaccines are subject to availability and seasonality. State-, age- and health-related restrictions may apply.

Vaccine options

Hepatitis A – Pediatric/Adolescent (Havrix)
Hepatitis A - Adult (Havrix, Vaqta)
Hepatitis A/B Combo (Twinrix)
Hepatitis B – Pediatric/Adolescent (Engeri)
Hepatitis B - Adult (Engerix-B)
Hepatitis B - Adult (Heplisav-B)
Hepatitis B - Adult (Recombivax)
Hepatitis B - Adult Dialysis (Recombivax 4)
HPV (Gardasil 9)
Meningococcal ACWY (MenQuadfi)

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Vaccine options

Meningococcal B (Bexsero)

Meningococcal B (Trumenba)

MMR (M-M-R II)

Pneumococcal (Pneumovax 23)

Pneumococcal (Vaxneuvance)

Pneumococcal (Prevnar 20)

Shingles (Shingrix)

Tdap (Whooping Cough) (Adacel)

Tdap (Whooping Cough) (Boostrix)

Varicella (Chicken Pox; Varivax)