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On October 7, 2025, the Centers for Disease Control and Prevention (“CDC”) updated its immunization schedule regarding COVID-19 and chickenpox vaccinations. Based on the new recommendations from the Advisory Committee on Immunization Practices (“ACIP”), the CDC is now recommending application of individual-based decision making to COVID-19 vaccination and that toddlers receive protection from varicella (chickenpox) as a standalone immunization.

Background

The CDC’s ACIP is a federal advisory committee that makes formal recommendations as to adult and child vaccinations. The ACIP recommendations become official CDC policy once they are adopted by the CDC’s Director.

The Patient Protection and Affordable Care Act (“ACA”) requires group health plans and carriers to provide coverage for certain preventive services without imposing out of pocket costs, including immunizations recommended by the ACIP and adopted by the CDC.

A high-deductible health plan (“HDHP”) used in connection with a health savings account (“HSA”) generally must provide ACA mandated preventive care without cost-sharing. In addition, other types of preventive care (including adult and child immunizations), may be treated as preventive care and provided first dollar without affecting an individual’s HSA contribution eligibility.

Updated Recommendations for Vaccines

The ACIP voted on the below actions, which were adopted by the CDC’s Acting Director:

- to recommend that the COVID-19 vaccination for individuals over the age of six (6) months be based on individual-based decision making (between a health care provider and patient);
- against requiring a prescription to receive the COVID-19 vaccination; and

- to recommend that children ages 12-23 months receive the chickenpox vaccine separately, rather than in combination with measles, mumps and rubella vaccination.

The CDC's immunization schedule was formally updated on October 7, 2025.

Under the CDC's new recommendation for individual based decision-making, plans and carriers should allow coverage for COVID-19 vaccinations without imposing cost sharing requirements when provided in-network. This means that any COVID-19 vaccination received by an individual based on individual decision making would be considered an ACA preventive service, including for those with HDHP coverage.

According to a press release, the Department of Health and Human Services ("HHS") will examine all insurance coverage implications following this new recommendation. At the time of publication, no additional guidance has been issued.

Employer Action

For current plan years, prior ACIP recommendations continue to apply.

For plan years beginning after the ACIP recommendation changes (e.g., a plan year beginning January 1, 2026), non-grandfathered group health plans must provide the COVID-19 vaccine in-network and without cost sharing based on individual decision making.

- *Fully insured health plans.* Carriers are generally responsible for complying with preventive service coverage requirements and making updates as to these recommendations. Plan sponsors should not need to take any action at this time.
- Note that some states may choose to require or recommend coverage for the COVID-19 vaccine under the prior ACIP recommendation. For example, California passed AB 144 in response to the changes to the ACIP recommendation, codifying the prior federal recommendations that were in effect as of January 1, 2025, and allowing the California Department of Public Health to supplement those recommendations. Insured health plans and HMOs in California are required to cover preventive care items and services, including immunizations, under the recommendations. State insurance mandates generally do not apply to ERISA governed self-funded health plans.
- *Self-funded health plans.* TPAs are generally responsible for complying with preventive service coverage requirements and making updates as to these recommendations. Plan sponsors should discuss any questions as to coverage changes with TPAs.