



**Samaritan  
Health Plans**

InterCommunity Health Network Coordinated Care  
Organization  
Samaritan Advantage Health Plans (HMO)  
Samaritan Choice Plans  
Samaritan Employer Group Plans

<b>Physical health clinical practice guideline name:</b>	<i>Recommended Adult Immunization Guideline</i>
<b>Original date approved by QMC:</b>	7/02 IHN; 11/05 SAHP; 5/06 SHPO
<b>Original data approved by UM Committee</b>	7/25 SHP
<b>Dates of re-reviewed by UM Committee</b>	
<b>Dates re-reviewed by QMC:</b>	7/04 IHN; 11/05 IHN; 5/06 Logo Change; 1/07 SHPO; 10/08 SHPO; 7/09 SHPO; 9/10 SHPO; 7/11 SHPO; 7/12 SHPO; 7/13 SHPO; 9/15 SHPO; 9/16 SHPO; 7/17 SHPO; 7/18 SHPO; 11/19 SHP; 9/20 SHP; 7/21 SHP; 7/22 SHP; 7/23 SHP; 7/24 SHP; 7/25 SHP

**Guideline description:**

This guideline provides a concise listing of recommended adult immunizations including specific time frames for the immunization.

**Reference:**

Centers for Disease Control and Prevention Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2025

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

*These recommendations are designed to be guidelines but do not guarantee coverage by each plan. For coverage/benefit information please contact our Customer Service department.*