TIMES PHARMACY MOBILE CLINIC
FLU VACCINE COPAY CHART 2026–2027

Copay amounts are estimates and subject to insurance verification.

FLUCELVAX® 0.5 mL | Ages 3–64

	$0.00
AFL/PSWA	
AlohaCare	**$0.00**
HMSA	**$0.00**
HMSA Akamai	**$0.00**
HMSA QUEST*	**$0.00**
HMAA	**$0.00**
HWMG Hawaii Electricians	**VARIES**
ILWU HMSA	**$0.00**
Hawaii Teamsters	**$0.00**
Kaiser Hawaii PPO/HMO	**$0.00**
Kaiser after 3/31/2027	**$0.00 / $65.00**
Kaiser Med-QUEST*	**$0.00**
Medicare Part D	**$0.00**
Ohana Health Plan*	**$0.00**
TRICARE	**$0.00**
UFCW	**$0.00 - $18.00**
UHA	**$0.00**
UHC	**$0.00**
UHC Med-QUEST*	**$0.00**
Hawaii Laborers (Active)	**$8.98**
Hawaii Laborers (Retired) / Uninsured / Non-Participating	**$17.95**
Non-Participating	**$65.00**
Uninsured	**$65.00**

Kaiser after 3/31/2027: $0.00 through 3/31/2027; $65.00 after 3/31/2027.

FLUAD® 0.5 mL | Age 65+

AFL/PSWA	**$0.00**
AlohaCare	**$0.00**
HMSA	**$0.00**
HMSA Akamai	**$0.00**
HMSA QUEST	**$0.00**
HMAA	**$0.00**
HWMG Hawaii Electricians	**VARIES**
ILWU HMSA	**$0.00**
Hawaii Teamsters	**$0.00**
Medicare Part B	**$0.00**
Medicare Part D	**$0.00**
Ohana Health Plan	**$0.00**
TRICARE	**$0.00**
UFCW	**$0.00 - $18.00**
UHA	**$0.00**
UHC	**$0.00**
UHC Med-QUEST	**$0.00**
Hawaii Laborers (Active)	**$14.57**
Hawaii Laborers (Retired)	**$29.14**
Kaiser after 3/31/2027	**$135.00**
Uninsured	**$135.00**
Non-Participating	**$135.00**

IMPORTANT NOTES

Children ages 3–18 may qualify through the VFC Program. Out-of-state Kaiser plans are not accepted. Bring a valid photo ID and insurance card. Copays may vary based on eligibility and benefits. ***Kaiser Med-QUEST for ages 3 - 18 ONLY**

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