

ILLINOIS: Ranked #9 in geographic distribution of Federal Civilian Employees as of December 31, 2002 (latest data) **Employees: 92,419**

(Excludes: employees in CIA, NSA, DIA, National Imagery and Mapping Agency, Army/Air Force Exchange Service, Defense Consolidated Metropolitan Technical Personnel Center, and Defense Career Management and Support Agency)

Immunization coverage for *Influenza Vaccination*

Health Plan	Limits	Co-Pay	Policy Deductible
Aetna	“Annually	20 per PCP visit; \$30 per specialist No cost for vaccine if provided during office visit.	None
Aetna HealthFund (Consumer Driven Health Plan option and High Deductible Health Plan Option)	“Annually”	In-network – nothing; Out-of-network – nothing up to available Medical Fund balance; charges above MF, per traditional medical coverage and deductible	CDHP: \$1000 self; \$2000 for family. HDHP: \$2,500 self; \$5,000 family
Blue Choice	“Routine immunizations, limited to: Influenza” (no more specific)	Nothing (\$10 office visit applies to any other covered services)	None
Group Health Plan (a high deductible health plan)	“Annually”	\$10 per PCP; \$20 per specialty	None for HMO option. HDHP: Annually: \$1,500 self; \$2,500 family for in-network; \$3,000 self, \$5,000 family for out-of-network services
Health Alliance HMO	“Annually”	\$15 per office visit	None
Humana Coverage First (Consumer Driven Individual Practice Plan)	“Annually”	Participating: \$20 PCP \$35 specialist (no deductible) NON – participating: 30% after deductible	Each covered member has a \$500 benefit allowance for participating provider services – can be used before a deductible must be reached.) Use participating providers = \$1,000

			per calendar year self; \$2,000 family. NON-participating: no \$500 benefit; \$3,000 self; \$6,000 family per calendar year
Humana Health Plan	“Annually”	Standard Option: Nothing if received during office visit; \$15 PCP; \$25 per specialty High Option: Nothing if received during office visit; \$10 per PCP; \$20 per specialty	None
John Deere Health Plan	“Annually”	\$15 per PCP; \$25 per specialty	None
Mercy Health Plans/Premier Health Plans (HMO with POS option)	“Annually”	Nothing	HMO only in Illinois - None
OSF HealthPlans (Mixed model plan with HDHP option)	“Annually”	\$20 per office visit	HMO: None HDHP: \$1,050 self; \$2,100 family for in-network and \$4000 self, \$8,000 family for out-of-network.
PersonalCare	“Annually”	Nothing if receive services during office visit; otherwise \$20 per visit.	None
UNICARE HMO	“Annually”	\$15 per office visit	None for this service
Union Health Service	“Annually”	\$10 per office visit	None for this service

Immunization coverage for *Pneumococcal Vaccination*

Health Plan	Limits	Co-Pay	Policy Deductible
Aetna	Age 65 and older	20 per PCP visit; \$30 per specialist No cost for vaccine if provided during office visit.	None
Aetna HealthFund (Consumer Driven Health Plan option and High Deductible Health Plan Option)	Age 65 and older	In-network – nothing; Out-of-network – nothing up to available Medical Fund balance; charges above MF, per traditional medical coverage and deductible	CDHP: \$1000 self; \$2000 for family. HDHP: \$2,500 self; \$5,000 family
Blue Choice	“Routine immunizations, limited to: Pneumococcal (no more specific)	Nothing (\$10 office visit applies to any other covered services)	None
Group Health Plan (a high deductible health plan)	Age 65 and older	\$10 per PCP; \$20 per specialty	None for HMO option. HDHP: Annually: \$1,500 self; \$2,500 family for in-network; \$3,000 self, \$5,000 family for out-of-network services
Health Alliance HMO	Age 65 and older	\$15 per office visit	None
Humana Coverage First (Consumer Driven Individual Practice Plan)	Age 65 or older or in the presence of high risk, chronic conditions	Participating: \$20 PCP \$35 specialist (no deductible) NON – participating: 30% after deductible	Each covered member has a \$500 benefit allowance for participating provider services – can be used before a deductible must be reached.) Use participating providers = \$1,000 per calendar year self; \$2,000 family. NON-participating: no \$500 benefit; \$3,000 self; \$6,000 family per calendar year

Humana Health Plan	Age 65 or older or in the presence of high risk, chronic conditions”	Standard Option: Nothing if received during office visit; \$15 PCP; \$25 per specialty High Option: Nothing if received during office visit; \$10 per PCP; \$20 per specialty	None
John Deere Health Plan	Age 65 and older	\$15 per PCP; \$25 per specialty	None
Mercy Health Plans/Premier Health Plans (HMO with POS option)	Age 65 and older	Nothing	HMO only in Illinois - None
OSF HealthPlans (Mixed model plan with HDHP option)	Age 65 and older	\$20 per office visit	HMO: None HDHP: \$1,050 self; \$2,100 family for in-network and \$4000 self, \$8,000 family for out-of-network.
PersonalCare	Age 65 and older: One dose if susceptible high risk, ages 18-65.	Nothing if receive services during office visit; otherwise \$20 per visit.	None
UNICARE HMO	Age 65 and older	\$15 per office visit	None for this service
Union Health Service	Age 65 and older	\$10 per office visit	None for this service