

TEXAS: Ranked #3 in geographic distribution of Federal Civilian Employees as of December 31, 2002 (latest data) **Covered Lives: 165,837**

(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 Deductibles
Aetna (HMO)	“Annually”	\$20 per PCP; \$30 per specialty. Nothing if provided during the office visit	None
Aetna Health Fund (Consumer Driven and High Deductible Options)	“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
FirstCare	Routine immunizations per generally recognized medical practices and the U.S. Public Health Service: Annual influenza vaccines	Nothing if receive services during office visit	None
HMO Blue Texas	“Annually”	Nothing	None
Humana CoverageFirst (Consumer Driven Health 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 of Texas	“Annually”	Standard Option: Nothing if received during office visit;	None

		\$15 PCP; \$25 per specialty High Option: Nothing if received during office visit; \$10 per PCP; \$20 per specialty	
Mercy Health Plans/Premier Health Plans	“Annually”	Nothing	TX region: \$1000 per member per calendar year; \$2,000 deductible per family per calendar year for out-of-network. Cost is 40% coinsurance after the deductible. (Deductible applies to POS benefits only)
PacifiCare SW Region	“Annually”	Nothing if receive services during office visit; \$20 per CPC, \$40 per specialty	None

Immunization coverage for *Pneumococcal Vaccination*

Health Plan	Limits	Co-Pay	Deductible
Aetna (HMO)	Age 65 and older	\$20 per PCP; \$30 per specialty. Nothing if provided during the office visit	None
Aetna Health Fund (Consumer Driven and High Deductible Options)	“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
FirstCare	Age 65 and older	Nothing if receive services during office visit	None
HMO Blue Texas	Age 65 and older	Nothing	None

Humana CoverageFirst (Consumer Driven Health 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 of Texas	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
Mercy Health Plans/Premier Health Plans	Age 65 and older	Nothing	TX region: \$1000 per member per calendar year; \$2,000 deductible per family per calendar year for out-of-network. Cost is 40% coinsurance after the deductible. (Deductible applies to POS benefits only)
PacifiCare SW Region	Age 65 and over visist	Nothing if receive services during office visit; \$20 per CPC, \$40 per specialty	None