



2022 MEDICAL PLAN COMPARISON- In-Network Provisions Only KAISER MID-ATLANTIC HMO, AETNA POS II, AETNA HDHP

PLAN DESIGN	Kaiser Mid-Atlantic	Aetna Choice POS II In-Network	Aetna HDHP In-Network
Deductible Individual/Family	Individual: \$500 Family: \$1,000	Individual: \$500 Family: \$1,500	Individual: \$1,500 Family: \$4,500
Out-of-Pocket Max Individual/Family	Individual: \$4,000 Family: \$9,500	Individual: \$4,000 Family: \$8,000	Individual: \$6,000 Family: \$12,000
Rx Out-of-Pocket Max	Included Above	Included above	Included above
Office Visit Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Office Visit PCP	\$20	\$40	Covered at 75% after deductible
Office Visit Specialist	\$40	\$60	Covered at 75% after deductible
Eye Exam & Materials (Adult) <i>See Benefit Summary for Pediatric Benefit</i>	\$20 copay for annual exam; 25% discount for materials	One exam per calendar year – 100% no deductible; \$150 allowance for materials every 12 months	One exam per calendar year – 100% no deductible; \$150 allowance for materials every 12 months
Inpatient Hospital	Covered at 80% after deductible	Covered at 90% after deductible plus \$200 per confinement fee	Covered at 75% after deductible
Outpatient Surgery	Covered at 80% after deductible	Covered at 90% after deductible	Covered at 75% after deductible
Diagnostic lab and X-ray <i>*LabCorp & Quest are in-network providers for Aetna</i>	Covered at 90% after deductible	If billed as part of an office visit – 100% (no copay); separate office visit – 100% after \$40 PCP/\$60 Specialist; independent facility – 90% after deductible	Covered at 75% after deductible
Emergency Room	\$350 copay (waived if admitted)	Covered at 90% after \$350 copay (waived if admitted) for medical emergencies	Covered at 75% after deductible (medical emergencies)
Urgent Care	\$40 copay	\$40 copay	Covered at 75% after deductible
Prescriptions 30 day Supply	Kaiser Plan Pharmacy: Generic: \$15 Preferred brand: \$35 Non-Preferred brand: \$60 Specialty: 50% up to max of \$100 <i>*See plan material for "Other Pharmacy Drug detail</i>	Tier 1: \$10 Tier 2: \$35 Tier 3: 35% min/\$60 max \$125 Tier 4: 40% min/\$60 max \$125 (Standard Formulary)	After deductible: Tier 1: \$0 Tier 2: 35% \$75 max Tier 3: 50% \$125 max Tier 4: 50% \$125 max (Standard Formulary)
Prescriptions Mail Order (90 day Supply)	Kaiser Plan Pharmacy: Generic: \$30 Preferred Brand: \$70 Non-Preferred Brand: \$120 Specialty: 50% up to max of \$200 <i>*See plan material for "Other Pharmacy Drug detail</i>	Tier 1: \$20 Tier 2: \$70 Tier 3: 35% min/\$120 max/\$250 (Standard Formulary) CVS Caremark Mail Service	After deductible: Tier 1: \$0 Tier 2: 35% \$150 max Tier 3: 50% \$250 max (Standard Formulary) CVS Caremark Mail Service <i>*See plan material for Preventive Drug detail</i>

Open Enrollment: November 1 – 30, 2021

This is only a summary of major plan provisions. For more details on these plans, including plan changes and required legal notices, go to www.nafhealthplans.com, the NEXCOM HUB at Code H > My Benefits > Medical & Dental, or contact your local Human Resources representative for HMO enrollment packets.



2022 Bi-weekly Premiums

Tier	Kaiser Mid-Atl.	Tier	Aetna POS II	Tier	Aetna HDHP
Employee Only	\$104.74	Employee Only	\$103.12	Employee Only	\$79.33
Employee + One	\$209.47	Employee + Child(ren)	\$199.03	Employee + Child(ren)	\$153.11
Employee + Family	\$293.26	Employee + Spouse	\$238.22	Employee + Spouse	\$183.25
		Employee + Family	\$315.57	Employee + Family	\$242.74

Let Alex® help with your enrollment decisions

There's a lot to consider as you make your enrollment decisions. With Alex, you've got help. Alex is your interactive benefits counselor — smart, friendly and easy to use. Just provide some basic information and Alex will walk you through your plan options for medical, dental — Flexible Spending Accounts and Health Savings Accounts, too!



You'll find a link to Alex on www.nafhealthplans.com. Go to the NAF Enrollment tab and select NEXCOM. Meet Alex in the middle of the page!

During Open Enrollment, you can:

- Enroll you and your dependents in a health plan
- Switch plans
- Cancel coverage for 2022
- Add or remove dependents
- Waive coverage
- Elect to enroll or re-enroll in a Flexible Spending Account (FSA),* or enroll in the Health Savings Account (HSA) for employees opting into the HDHP option
- Enroll or re-enroll in the Dependent Care Flexible Spending Account (DFSA)
- Enroll in Stand Alone Dental provided you are not enrolled in a NEXCOM sponsored medical plan

To learn more about the medical/dental/pre-tax savings accounts offered by NEXCOM, log on to www.nafhealthplans.com, www.myNavyExchange.com/ARC, <http://benefitsfair.online/NEXCOM>, contact your local Human Resources representative or call Rosie Serrano, NEXCOM Code HB at 757-502-7526.

* Available to everyone, except for those enrolling/enrolled in the HDHP.

Important Notes

- Effective January 1, 2022.

Associates desiring to enroll in or change medical plan coverage during open enrollment must submit enrollment forms and supporting documentation for dependents* (if applicable) to your local Human Resources representative by November 30, 2021. New enrollees and associates switching from Kaiser Mid-Atlantic to Aetna must provide supporting documentation for all dependents (e.g., copy of birth certificate for child).

Virtual Benefits Fair

Your benefits . . . all in one place . . . medical, dental, pension, 401(k), disability insurance, life Insurance, and more. Available 24/7/365 on any device including your desktop, laptop, tablet or phone. Go to <http://benefitsfair.online/NEXCOM>.



IMPORTANT: If you are a NAF associate enrolled in a Health Maintenance Organizations (HMO) plan and have been enrolled for at least 90 days and you lose coverage for any reason other than termination for cause, you are able to apply for an individual conversion plan. For further details, you may contact the member service unit for Kaiser Mid-Atlantic at 1-855-249-5018. To be eligible to participate in the Aetna Temporary Continuation of Coverage plan you must be enrolled in an Aetna medical plan for at least 90 days.