



2025 AETNA MEDICAL PLAN COMPARISON- In-Network Provisions Only

AETNA POS II & AETNA HDHP

Changes in red from the current plan

PLAN DESIGN	Aetna Choice POS II In-Network	Aetna HDHP In-Network
Deductible Individual/Family	Individual: \$600 Family: \$1,800	Individual: \$1,650 Family: \$4,950
Out-of-Pocket Max Individual/Family	Individual: \$5,000 Family: \$10,000	Individual: \$6,000 Family: \$12,000
Rx Out-of-Pocket Max	Included above	Included above
Office Visit Preventive Care	Covered at 100%	Covered at 100%
Office Visit PCP	\$40	Covered at 75% after deductible
Office Visit Specialist	\$60	Covered at 75% after deductible
Eye Exam & Materials (Adult) <i>See Benefit Summary for Pediatric Benefit</i>	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 plus \$200 per confinement fee	Covered at 75% after deductible
Outpatient Surgery	Covered at 80% after deductible	Covered at 75% after deductible
Diagnostic lab and X-ray *LabCorp & Quest are in-network providers for Aetna	If billed as part of an office visit – 100% (no copay); separate office visit – 100% after \$40 PCP/\$60 Specialist; independent facility – 80% after deductible	Covered at 75% after deductible
Emergency Room	Covered at 80% after \$500 copay, no deductible (waived if admitted) for medical emergencies	Covered at 75% after deductible (medical emergencies)
Urgent Care	\$40 copay	Covered at 75% after deductible
Prescriptions 30 day Supply	Tier 1: \$10 Tier 2: 25% min/\$45 max \$70 Tier 3: 35% min/\$75 max \$200 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)	Tier 1: \$20 Tier 2: 25% min/\$90 max \$140 Tier 3 35% min/\$150 max\$ 400 (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 *See plan material for Preventive Drug detail

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.



2025 Bi-weekly Premiums

Aetna Tier	Aetna POS II	Aetna HDHP
Employee Only	\$120.52	\$92.71
Employee + Child(ren)	\$232.60	\$178.93
Employee + Spouse	\$278.40	\$214.15
Employee + Family	\$368.79	\$283.68

Enrollment Dates for 2025 Plan year

Open Enrollment: November 1 – 30th, 2024

New Hire Enrollment: within 31 days of hire or category change to regular

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