



## Navy Exchange System

Changes to plan coverage take effect on 1 January 2012.  
New bi-weekly premiums will become effective beginning 08 January 2012.

**\*Important\*** If you are a NAF employee who has been enrolled in one of the HMO plans 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 if enrolled in a HMO. For further details you may contact the member service unit for Optima Health. To be eligible to participate in the Aetna Temporary Continuation of Coverage plan you must be enrolled in an Aetna plan.

### MEDICAL PLAN COMPARISON: GROUP HEALTH vs. AETNA PPO

Please note the medical plan changes in red.

| Plan Design                  | Group Health In-Network                                   | Group Health Out-of-Network                                      | Aetna Open Choice PPO In-Network                                  | Aetna Open Choice PPO Out-of-Network                            |
|------------------------------|---|--|---|---|
| <b>Deductible</b>            |   |  |   |   |
| Individual                   | \$0   | \$200  | <b>\$300</b>  | <b>\$900</b>  |
| Family                       | \$0   | \$400  | <b>\$900<br/>(family of 3 or more)</b>                            | <b>\$2,700<br/>(family of 3 or more)</b>                        |
| <b>Out-of-Pocket Max</b>     |   |  |   |   |
| Individual                   | \$2,000   | \$2,000  | \$3,000   | \$4,000   |
| Family                       | \$4,000   | \$4,000  | \$9,000   | \$12,000  |
| <b>Maximum Office Visits</b> | Unlimited   | Unlimited  | Unlimited   | Unlimited   |
| PCP                          | \$20  | \$20 copay, then covered at 80% after deductible                 | \$20  | Covered at 60% after deductible                                 |
| Specialist                   | <b>\$40</b>   | \$20 copay, then covered at 80% after deductible                 | \$35  | Covered at 60% after deductible                                 |
| <b>Vision</b>                | \$20 exam; Materials covered up to \$100 every 24 months  | \$20 exam; Materials covered up to \$100 every 24 months         | One exam per calendar year; Prescription eyewear 100% up to \$150 | Eye exam not covered; Prescription eyewear 100% up to \$150     |
| <b>Inpatient Hospital</b>    | \$200 copay per admission                                 | \$200 copay then covered at 80% after deductible                 | Covered at 90% after deductible plus \$200 per confinement fee    | Covered at 60% after deductible plus \$400 per confinement fee  |
| <b>Outpatient Surgery</b>    | \$20  | \$20 copay then covered at 80% after deductible                  | Covered at 90% after deductible                                   | Covered at 60% after deductible                                 |
| <b>Emergency Room</b>        | \$75 copay per visit to MHCN Facility, Waived if admitted | <b>\$75 copay per visit to MHCN Facility, Waived if admitted</b> | <b>\$350 copay (waived if admitted) for medical emergencies</b>   | <b>\$350 copay (waived if admitted) for medical emergencies</b> |
| <b>Rx</b>                    |   |  |   |   |
| 30 day Supply                | <b>\$10/\$30</b>  | \$15/\$25  | \$10/\$20/35%<br>\$35min/\$100 max                                | not covered   |
| 90 day Supply                | <b>\$30/\$90</b>  | not covered  | \$20/\$40/35%<br>\$70min/\$200 max                                | not covered   |
| <b>Dependent Age</b>         | 26  | 26   | 26  | 26  |

Dependent eligibility has been expanded to include adult children up to age 26, regardless of whether they have employer-sponsored coverage and same sex domestic partners and their children. (\*There may be tax implications for those adding same sex domestic partners and their children). Supporting documentation to validate the relationship(s) is required. If you wish to add an adult child or same sex partner and children, please refer to Information Bulletin #11-38, to understand the required documentation that is necessary to validate eligibility.

**This is only a summary of the principal benefits. The summary plan description should be consulted to determine the governing provisions, limitations, and exclusions for the benefits.**

**There are additional plan changes for Group Health as detailed below:**

- Preventive Care will be covered in full for in-network only. Refer to Group Health benefit summary for detailed services.
- Eye examinations for eye pathology, including contact lens exams are covered. Lenses for eye pathology are now covered.
- A new provision has been added to state that newborn services are covered the same as for and other condition. Any applicable cost share for newborn services is separate from that of the mother.
- The tobacco cessation services provided by a Community Provider are covered subject to the applicable out-of-network cost share.

**Additional Aetna Changes**

- **Urgent Care Facility Copay:** Copay will be reduced from \$35 to \$20 for in-network facilities for the OC PPO plan. No changes to the out-of-network co-insurance.
- **Hearing Aid Maximum Benefit:** The hearing aid maximum benefit for OC, TC and Aetna International plans will increase from a \$1,000 lifetime maximum benefit to \$3,000 (after deductible and coinsurance) every three years.
- **Health Incentive Credit:** You and your dependents over age 18 can earn a Health Incentive Credit of up to \$100 in 2012 by taking two actions—you may earn \$50 when you complete an on-line Health Risk Assessment (HRA), available at [www.aetna.com](http://www.aetna.com), and \$50 when you receive a routine physical exam (well-adult or well-woman exam). Dependents under 18 can earn a Health Incentive Credit by having a well-child exam.
- **Smoking Cessation:** This benefit has been enhanced to include full coverage (no copays) for a 180 day supply of 7 FDA approved smoking cessation products: Bupropion SR; Nicotine inhaler; Nicotine nasal spray; Nicotine patch; Nicotine gum; Nicotine lozenges; and Varenicline. To take advantage of this program, you must get a prescription from your doctor. This program covers eight smoking cessation counseling sessions every 12 months.

**The Open Enrollment Period for the Aetna Medical Plan and Group Health Cooperative Plan is 31 October through 30 November 2011.**

During this period, eligible full and part time employees who are not enrolled in a Navy Exchange System sponsored medical plan (Aetna Plan or an HMO) may enroll in a plan, and/or enroll eligible dependents. Current medical plan members may change medical plans to or from an HMO if one is offered at your location. Information packets on the HMOs offered at your location (if any) and the Aetna plan are available from your local Human Resources Office (HRO). Employees desiring to enroll in or change medical plan coverage must submit enrollment forms and supporting documentation for dependents\* (if applicable) to your HRO by November 30, 2011. \*Note: New enrollees and employees switching from Group Health to Aetna must provide **supporting documentation for all dependents (e.g., copy of birth certificate for child)**.

If you have any questions regarding the benefit plans, please contact your local HRO or Ms. Rosie Serrano, NEXCOM Code HB at 757-440-4752.

| Employee Contributions Group Health | 2011 BI-Weekly | 2012 BI-Weekly | \$ Difference |
|-------------------------------------|----------------|----------------|---------------|
| Employee Only                       | \$96.38        | \$104.58       | \$8.20        |
| Employee & One Dependent            | \$179.03       | \$194.27       | \$15.24       |
| Employee & Family                   | \$299.38       | \$324.86       | \$25.48       |

| Employee Contributions Aetna PPO | 2011 BI-Weekly | 2012 BI-Weekly | \$ Difference |
|----------------------------------|----------------|----------------|---------------|
| Employee Only                    | \$63.85        | \$68.96        | \$5.11        |
| Employee & One Dependent         | N/A            | N/A            | N/A           |
| Employee & Family                | \$148.55       | \$160.44       | \$11.89       |

\*Note: Newly hired employees or enrolled participants that have a life status change have 31 days to enroll from the date of the life status change.