Your Life, Your Health

DoD NAF Health Benefits Program

Featuring the Aetna Open Choice® PPO Plan

The Department of Defense
Nonappropriated Fund
Health Benefits Program

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Your Life, Your Health

The Department of Defense (DoD) Nonappropriated Fund (NAF) employers are pleased to offer you and your family a program of health benefits that includes medical, prescription drug and dental coverage.

Nothing makes life easier and more enjoyable than good health. This is why your DoD NAF Health Benefits Program does more than just pay medical bills. It provides services and programs to help you stay well, prevent problems and enjoy a better quality of life. In this guide, you'll find information about online services and wellness programs designed with your good health and convenience in mind.

An especially important resource is the DoD NAF benefits website. Here you will find detailed information about your medical and dental plans (and Flexible Spending Accounts, if offered by your NAF employer) as well as instructions to enroll. The site features product brochures, benefit summaries and the Summary of Benefits and Coverage required by the Affordable Care Act (also known as Health Care Reform). You will also find materials specific to your DoD NAF employer, such as contact information, forms and other documents. As updates to these references become available, they will be posted to the site.

Visit the DoD NAF benefits website at **www.nafhealthplans.com** (for active employees) or **www.nafhealthplans.com/retiree** (for retirees).

This guide contains:

- Descriptions of the health benefits available to you
- Information about special features of your plan such as health and wellness programs, online services and discount programs
- Enrollment instructions

Other key resources described in this guide include Aetna Navigator®, your secure member website and the Personal Health Record, a handy online record of your medical services.

Questions?

If you need help or information, call Aetna Member Services at **1-800-367-6276**. See *Member Services* on page 13 of this guide for more about this important plan feature.

Medical Benefits

Your DoD NAF Health Benefits Program provides medical benefits through the Aetna Open Choice® PPO Plan.* This is a preferred provider organization plan that gives you the freedom to receive care from any licensed health care provider and the opportunity to save when you use *preferred providers* (doctors and other health care providers who belong to the Aetna network).

The Open Choice PPO Plan

The Open Choice PPO Plan makes it easy to get the quality health care services you and your family need. When you use preferred providers, there are no claim forms to complete and no precertification process to initiate. In addition, plan benefits are based on special negotiated rates rather than reasonable and customary charges.

About the Aetna Network and Preferred Benefits

Open Choice is a network plan, which means you get the highest level of benefits when you choose doctors, hospitals and other health care providers who belong to the Aetna network. A broad range of medical specialties and services is available within the network so you and your family can get the care you need.

Because preferred providers deliver health care services at special negotiated rates, you pay less for your care. All doctors and hospitals are screened before they are admitted to the network and monitored on an ongoing basis once they are in the network. Credentials and licenses are checked to make sure they are valid and current.

When You Need Care

Each time you seek medical attention you have a choice:

- *Visit preferred providers* who belong to the Aetna network. You'll receive a higher level of benefits, and those benefits will be based on negotiated rates that are generally lower than those charged by non-preferred providers. Preferred providers will also file claims for you and take care of the plan's precertification requirement for hospital admissions.
- *Visit non-preferred providers.* You'll receive a lower level of benefits, and those benefits will be based on the reasonable and customary charge for a given medical service in your area. The reasonable and customary amount is the prevailing rate for medical services in your community. You'll also be required to file your own claims and contact Aetna to initiate the precertification process for hospital admissions. See *What Is Precertification?* on page 4.

Choosing preferred providers means you'll receive preferred benefits and save money each time you need care. The Open Choice network is large and comprehensive, which means you'll likely find that many of the doctors and other health care providers in your area already participate. To find preferred providers near you, use the DocFind® directory at **www.aetna.com**. Turn to *Online Services* on pages 8 and 9 of this guide for more about DocFind. You can also request a printed directory by calling Member Services at **1-800-367-6276**.

The Open Choice summary of benefits chart, available at **www.nafhealthplans.com**, shows preferred (in-network) and non-preferred (out-of-network) benefits side by side.

Stay Well with Open Choice

The Open Choice plan provides generous benefits for preventive care services, which can catch problems early and help you and your family stay well. The following routine services are covered at 100% with no copay and no deductible when you receive care from a preferred provider:

- Well-baby care, including doctor visits and immunizations
- One annual physical exam (including immunizations)
- One annual gynecological exam, including a Pap test and lab fees
- One annual mammogram for women age 35 and older
- Other preventive care for women including contraceptive drugs and devices, breastfeeding support, counseling for domestic violence and more.
- One annual prostate screening for men age 40 and older
- One colonoscopy screening every 10 years beginning at age 50
- One annual hearing exam and eye exam

Preventive care benefits are a valuable part of your health plan and an important step in staying healthy. We encourage you to visit your doctor for these important exams and screenings.

Your Medical Plan ID Card

If you are currently enrolled in the Open Choice PPO Plan, continue to use the ID cards you currently have. If you are enrolling for the first time, you will receive two Aetna ID cards with copay information along with the names of all covered family members and the Member Services toll-free number on them. Keep your card handy and show it at the doctor's office to let them know that you are enrolled in Open Choice. Also show it at participating pharmacies in the United States to get preferred rates for prescription drugs (see page 5 for details). Pharmacy copays are listed on your ID card. *If you don't use participating pharmacies, you won't have any coverage for prescriptions.*

Sharing the Cost

You share in the cost of your care by meeting an annual deductible and paying coinsurance and copays.

The **annual deductible** is the amount you must pay out of your own pocket each year before the plan begins to pay benefits. **The deductible does not apply to preventive care services and certain preventive medications.** After you meet the plan deductible, you and the plan share the cost of covered services. This arrangement is called **coinsurance**. The plan pays a percentage of the cost of covered services, and you pay the balance. For some services, such as emergency care, you may pay a flat fee, or **copay**.

Annual Deductible	Preferred Care (In-network)	Non-Preferred Care (Out-of-network)
Individual	$300	$900
Family of 2	$600	$1,800
Family of 3 or more	$900	$2,700

Each family member must meet his or her individual deductible. For a family of two, the deductible is met when each family member meets his or her individual deductible, or $600. For families of three or more, the deductible limit is $900.

Open Choice has an **annual out-of-pocket maximum** that limits your expenses and protects you from the high cost of a serious illness or injury. Once your combined deductible and coinsurance reach this annual limit, the plan pays 100% of your covered expenses for the remainder of the plan year.

Annual Out-of-Pocket Limit	Preferred Care (In-Network)	Non-Preferred Care (Out-of-Network)
Individual	$3,000	$4,000
Family of 2	$6,000	$8,000
Family of 3 or more	$9,000	$12,000

Each family member must meet his or her individual out-of-pocket limit. For a family of two, the out-of-pocket limit is met when each family member reaches his or her individual out-of-pocket limit, or $6,000. For families of three or more, the maximum out-of-pocket limit is $9,000.

Important: Copays, pharmacy copays, confinement fees and non-covered expenses do not count toward the out-of-pocket limit. In addition, services for which the coinsurance is 50% do not count toward the out-of-pocket limit.

Please visit **www.nafhealthplans.com** (for active employees) or **www.nafhealthplans.com/retiree** (for retirees) to find detailed information about your medical benefits and coverage.

* The Open Choice PPO Medical Plan is administered by Aetna Life Insurance Company and is offered to eligible DoD NAF employees, retirees and dependents who have access to the Aetna Open Choice PPO network.

Earn a Health Incentive Credit

During the year, you will be able to earn Health Incentive Credits. Here's how:

Employees, retirees and dependents over age 18 can earn:

- A $50 Health Incentive Credit by completing the Simple Steps To A Healthier Life online Health Assessment
- A $50 Health Incentive Credit for receiving an annual physical exam

Dependents under age 18 can earn $100 by having a well-child exam.

For an individual, the maximum credit is $100; the family maximum is $300. Credits are applied automatically to your deductible or coinsurance* expenses, but will not be applied to copay amounts. Any credit remaining at the end of the year will roll over to the next plan year, for up to three years.

*Coinsurance is the percentage of your covered expenses that you pay after you meet the calendar year deductible.

What Is Precertification?

Precertification is the advance review of a hospital admission to ensure that the setting and length of stay are appropriate to the diagnosis. Here's what you need to know:

- If your doctor recommends a hospital stay, you must initiate the precertification process by calling Member Services at least 14 days before you are admitted to the hospital. When you use a preferred provider, he or she will take care of this requirement for you. If you use a non-preferred provider, you need to take care of it yourself.
- If you do not call Member Services to precertify a hospital admission, you will be required to pay a penalty of $500. The penalty will apply each time you fail to precertify.
- The precertification requirement is waived for emergency admissions, hospital care received overseas, and for those who have Medicare as their primary coverage.

In an Emergency

If you have a true medical emergency, go to the nearest hospital immediately to get the care you need. Then, call Member Services. Your benefits will be paid at 90% after a $350 copay as long as it is a true emergency. If you are admitted to the hospital, you will not be required to pay the $350. If you use a hospital emergency room and it's not a true emergency, you must pay the $350 copay as well as 50% of the cost of the services provided, after meeting the deductible.

A true emergency is a severe illness or accident that could lead to a serious risk to your health, or to death if not treated immediately. Examples include bleeding that will not stop, compound bone fractures, loss of consciousness, stroke and severe chest pains.

Sometimes you need urgent — not emergency — care. Sprains and fevers are examples of this situation. To avoid the high cost of using the emergency room for non-emergency care, you should call your network doctor and follow his or her instructions so your care will be covered at the preferred level.

Walk-in clinics and urgent care facilities are cost-effective alternatives when your problem is not an emergency but you need quick medical attention. Your care is covered at 100% after a $20 copay when you use an in-network facility. You can use DocFind to locate these providers in your area. For more about DocFind, turn to page 9.

Receiving Care away from Home

Aetna maintains Open Choice provider networks throughout the country that you may use. If you are out of your local network area on vacation or business and you need non-emergency health care services, call Member Services. Ask the Aetna representative if you are in or near a network area. If so, you may use network providers and receive the preferred level of benefits. If you use non-network providers, your care will be covered at the non-preferred level of benefits. If you are traveling overseas, your covered expenses will be paid at the preferred level. For these situations, you will need to pay the bill at the time of service, then submit a claim form to Aetna to be reimbursed.

If your child is away at school or lives with another parent outside your home network, you should call Member Services and ask if there is an Open Choice network at that location. If so, log in to DocFind to locate participating providers in that area. If your child's school or home is not in an Open Choice network, ask Member Services if there is one nearby. If your child is willing to travel to see network providers, benefits will be paid at the preferred level.

If a network is not available where your child is living and he or she is not willing to travel to see network providers, your child's benefits will be paid at the Traditional Choice® indemnity plan level of benefits. Traditional Choice is offered to employees and retirees who live in an area where Open Choice is not available. Under Traditional Choice, covered expenses are typically paid at 80% (based on reasonable and customary charges) after the deductible is met. To be reimbursed for covered expenses, you must submit a claim form to Aetna.

Important: You must let Member Services know about any dependent child who fits the category of benefits described above. The child's eligibility must be identified as Traditional Choice within the claim system in order to receive this level of benefits.

Prescription Drug Benefits

When you enroll in the Open Choice PPO Plan, your prescription drugs will be covered under Aetna's Three Tier Pharmacy Plan. Under this plan, you can fill short-term prescriptions at participating retail pharmacies (for up to a 30-day supply) and long-term prescriptions through the mail-order service (for up to a 90-day supply).

The Three Tier Pharmacy Plan

Whether you visit a participating retail pharmacy or use the mail-order program, the amount you pay depends on the type of drug used to fill your prescription. As you can see in the chart to the right, your pharmacy plan has three levels, or tiers, of benefits.

- *Tier One:* You pay the least for generic drugs — a flat fee, or copay, of $10 per prescription. Generic drugs are identified by their chemical names. For example, alendronate sodium is the generic equivalent of Fosamax, a brand-name drug. See *Why generics are a good idea* on the next page.
- *Tier Two:* You pay a $20 copay per prescription for Tier Two (preferred) brand-name drugs on the plan's Preferred Drug List. See *About the Preferred Drug List* on the next page.
- *Tier Three:* You pay the most for Tier Three (non-preferred) brand-name drugs. For Tier Three medications, you pay 35% of the price that has been negotiated for the drug with participating pharmacies, up to a maximum of $100 per prescription at retail pharmacies and $200 per prescription using the mail-order service.

Important: The plan does not cover prescription drugs purchased at non-participating pharmacies in the United States, the District of Columbia, Puerto Rico, Guam or the U.S. Virgin Islands.

Visit a Participating Retail Pharmacy

When you need to fill a short-term prescription, you can get up to a 30-day supply of medication at retail pharmacies that belong to the Aetna network (called participating pharmacies). Just take your prescription and your Aetna medical plan ID card to any of more than 65,000* participating pharmacies located in the United States, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. Depending on the type of drug prescribed, you pay your share of the cost in full at the time of purchase, as shown in the chart on this page. There's no need to complete a claim form.

To find a participating pharmacy near you, use the DocFind directory at **www.aetna.com** (turn to *Online Services* on pages 8 and 9 in this guide for more about DocFind). Or, call Member Services for a listing of participating pharmacies.

Use the Aetna Rx Home Delivery® Program

Use Aetna's mail-order program to save on medications you need on a regular, long-term basis. You may order up to a 90-day supply and enjoy the convenience of home delivery. Shipping is free and the packaging is confidential. In addition, you'll pay less for your medication than you would at a participating retail pharmacy. You can order a 90-day supply of medication for what you would pay for a 60-day supply at a participating retail pharmacy.

If you have questions about your prescription, registered pharmacists are available to answer them 24 hours a day, 7 days a week. It's also good to know that mail-order pharmacies use the same quality and accuracy checks for prescriptions as participating retail pharmacies. For more information, visit Aetna Navigator at **www.aetna.com** or call (toll free) **1-866-612-3862**.

* Aetna Enterprise Provider Database.

The chart shows how much you'll pay for prescription drugs:

Using a participating retail pharmacy:	Your cost for up to a 30-day supply:
Tier One – Generic drugs	$10 copay per prescription
Tier Two – Preferred brand-name drugs	$20 copay per prescription
Tier Three – Non-preferred brand-name drugs	35% of negotiated price** The minimum you pay per prescription is $35; maximum is $100.

Using the mail-order program:	Your cost for up to a 90-day supply:
Tier One – Generic drugs	$20 copay per prescription
Tier Two – Preferred brand-name drugs	$40 copay per prescription
Tier Three – Non-preferred brand-name drugs	35% of negotiated price** The minimum you pay per prescription is $70; maximum is $200.

** Participating pharmacies agree to charge discounted prices for prescriptions filled by Aetna members. Your share of Tier Three drug costs is a percentage of these discounted (or "negotiated") prices.

Smoking Cessation Medications

If you're ready to quit smoking, your DoD NAF Health Benefits Program can help. The tobacco cessation benefit makes it easy for you to find and afford the combination of medication and counseling that works best for you. Benefits include full coverage (no copayments) for a 180-day supply of the following FDA-approved medications:

- Bupropion SR
- Nicotine gum
- Nicotine patch
- Nicotine inhaler
- Nicotine lozenge
- Nicotine nasal spray
- Varenicline

To take advantage of this benefit, you must obtain a prescription from your doctor. Your plan will cover eight smoking cessation counseling sessions per calendar year. For more information about pharmacy and counseling benefits for smoking cessation, call Aetna Member Services at **1-800-367-6276**.

Estimate the Cost of Prescriptions Online

Aetna Navigator features Price-a-Drug℠, an online cost of care tool that allows you to:

- Estimate the cost of a prescription drug from a local retail pharmacy or the mail-order service.
- See if alternative drug choices, including generics, could save you money.
- Learn key facts about your medications, such as how they are used and any side effects.
- Find out if there are any coverage limitations for a certain drug.

To use Price-a-Drug, log in to Aetna Navigator and click the Aetna Pharmacy link at the top of your home page. On the Aetna Pharmacy Overview page, click the link to "Get drug prices."

About the Preferred Drug List

The Preferred Drug List shows the generic and brand-name drugs that are covered under your plan. This list is also called the "formulary." All drugs on the list were chosen based on quality and cost effectiveness.

For each drug on the list, you'll see which tier it belongs to in the Three Tier Pharmacy Plan. The chart on page 5 shows you what you will pay for the drugs in each of the plan's three tiers.

If you are currently taking a brand-name drug, you can check the Preferred Drug List for your medication to see whether it is preferred (Tier Two) or non-preferred (Tier Three). The listing for your medication will also display the name(s) of the generic(s) that can be used as a substitute. While not all brand-name drugs have a generic equivalent, many do. If a generic is available for the medication you're taking, talk to your doctor about switching to the generic drug so that the lower copay will apply to your prescription cost. If you are using a brand-name drug that does not have a generic equivalent, you may want to ask your doctor about switching to an equally effective alternative drug that does have a generic equivalent.

Why generics are a good idea: When your doctor prescribes generic medications, you pay the lowest copay under the plan. It's important to know that generics have been approved by the FDA as safe and effective. They contain the same active ingredients in the same amounts as brand-name drugs, although they may be a different size, color or shape.

Learn More About Your Rx Benefits

- Online: Log in to Aetna Navigator at **www.aetna.com**.
- E-mail: Click *Contact Us* to e-mail Member Services from Aetna Navigator.
- Telephone: Call Member Services at **1-800-367-6276**.

Dental Benefits

When you enroll in the Open Choice PPO Plan, or an HMO plan with no dental coverage, you are also eligible to enroll in the Passive PPO Dental Plan.

The Passive PPO Dental Plan

The Passive PPO Dental Plan offers generous coverage for preventive care services and gives you the freedom to use any licensed dentist you wish. It also gives you the opportunity to save money when you receive dental care from a dentist who belongs to the Aetna dental preferred provider network.

How the Plan Works

Network dentists have negotiated their fees with Aetna. They generally charge less than non-network dentists, so your benefits are based on a lower cost. This means you pay less for your dental care. Network dental providers also file claims for you.

When you receive care from a dentist who does not participate in the Aetna dental network, your benefits are based on the reasonable and customary charge for that service in your geographic area — which is higher than the negotiated fee. As a result, your share of the cost may be higher. In addition, you may need to file your own claims with Aetna to be reimbursed for your covered expenses.

Using a network dentist is voluntary. Either way, the same services are covered. To encourage good dental health, the plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a portion of the expense, depending on the service you receive.

Please visit **www.nafhealthplans.com** (for active employees) or **www.nafhealthplans.com/retiree** (for retirees) to see a Summary of Benefits chart that displays how dental services are covered under the plan.

Finding Network Dentists

To find a network dentist near you, use DocFind. For more about using DocFind, turn to page 9. You can also request a printed directory by calling Member Services at **1-800-367-6276**.

Important: You must enroll in the DoD NAF PPO medical plan, or an HMO medical plan that does not offer dental coverage, in order to elect the Passive PPO Dental Plan described in this section.

The Stand Alone Dental Plan

If you are looking for dental, but not medical coverage, you may choose to enroll in the Stand Alone Dental Plan for dental-only benefits during Open Enrollment or during the eligibility period for new hires. The Stand Alone Dental Plan cannot be combined with enrollment in a medical plan under the DoD NAF Health Benefits Program.

Information about the Stand Alone Dental Plan is available at **www.nafhealthplans.com**.

Online Services

As an Aetna member, you'll have access to the following online services:

Aetna Navigator

Once you've enrolled with Aetna, you can register to use Aetna Navigator, a secure and confidential member website that offers information and self-service convenience to help you manage your health — and your health benefits.

At Aetna Navigator, you'll have a personalized home page, plus access to:

- ***DocFind,*** the online provider directory listing all the doctors, dentists, pharmacies, hospitals and other health care providers that participate in the Aetna network. DocFind is available in English and Spanish. See the next page for more about DocFind.
- ***Benefit information,*** including a list of covered family members, claim information, and the care management, wellness and health improvement programs included with the plan.
- ***Pharmacy information,*** including the Preferred Drug List and the Aetna Rx Home Delivery mail-order service.
- ***Your Personal Health Record (PHR),*** a handy online record of medical treatments and other information gathered from your claims, the Health Assessment at Simple Steps To A Healthier Life, and facts you provide on your own. For more about the PHR, see *Personal Health Record* on the next page.

- ***Cost of Care tools,*** online tools that give you the estimated average costs of medical procedures, office visits, tests, diseases and conditions, and prescription drugs. For medical care, you can see how much you'd save by using a preferred doctor. For drugs, you can compare brand-name with generic costs at participating retail pharmacies and through the mail-order service.
- ***A hospital comparison tool*** that lets you compare facilities in your area based on criteria such as complication rates and length of stay.
- ***Claim features and services*** that let you check the status of a claim, find out about claim payments, view Explanation of Benefits (EOB) statements, and ask for e-mail alerts when new information becomes available. If you have questions, you can e-mail Member Services right from the claim detail page and send messages about specific claims with important information already filled in. There's even a feature that lets you "turn off" paper EOBs and view your statements online for up to two years. You can download claim forms, too.
- ***Self-service features*** that let you take care of personal benefit business, such as requesting a replacement ID card (and printing a temporary ID card to use in the meantime), downloading and printing claim and other standard Aetna forms, and updating personal information.
- ***Reliable, up-to-date information*** on health conditions and hundreds of other related topics through links to Aetna InteliHealth® and Healthwise® Knowledgebase wellness websites. (Note that the Healthwise Knowledgebase is available in English and Spanish.)
- ***Member Services,*** through secure and confidential e-mail. You can e-mail Member Services with questions and requests, right from Aetna Navigator.

You'll also find more information about Aetna health and wellness programs and discounts on health-related products and services described on pages 10 through 13 of this guide.

Where to Start

There's a lot to see and do at Aetna Navigator. To get started, visit **www.aetna.com** and click on the *Register* link. Follow the prompts to register. Need help? Ann, the Aetna Virtual Assistant, provides personal responses to your questions about registering and logging in to Aetna Navigator.

DocFind

To find local preferred providers or search for a particular provider, you can use the DocFind directory. Here's how:

- Go to **www.aetna.com**.
- Click on *Find a Doctor* to the left on the home page.
- If you are an Aetna member and registered with Aetna Navigator, you can log in. On your home page, click on "I want to . . . Find a Doctor, Pharmacy or Facility.
- If you are not yet an Aetna member, click Search to enter DocFind's public site.
- Once in DocFind, provide the geographic information requested to start your search.
- Choose a *Provider Category* (medical, dental, pharmacy, etc.).
- Choose a *Provider Type* (such as primary care, specialist, dentist, pharmacy, urgent care facility, walk-in clinic).
- Under *Select a Plan*, scroll down to find *Aetna Standard Plans* and select *Open Choice® PPO* for medical providers. For dental providers, select Dental PPO/PDN.

Note: Once you've registered with Aetna Navigator, your plan name and zip code will be filled in automatically when you are signed on and use DocFind.

For each doctor, DocFind provides information about his or her credentials and practice, including medical school attended, board certification, health plans accepted, languages spoken, office location and hours, and parking and handicapped access. You can even get maps and driving directions to find a doctor's office. DocFind also offers cost and quality-of-care information to help you make the best provider choice.

Important: DocFind is updated three times a week, so it contains the most current information available. But if you aren't sure about a provider's network status, you can call either the provider's office or call Aetna Member Services.

iTriage

iTriage® is a free mobile and web app that helps you navigate the complicated world of health care and find the right resources. With iTriage, you can:

- Look up symptoms and conditions using an interactive map of the human body
- Find the right doctors and services for your problem or condition
- Learn about medications
- Book appointments and get turn-by-turn directions to a facility or doctor's office
- Look up hospital ER wait times.

You can use iTriage on your Android phone or your iPhone or iPod. Get it *free* at the Android Market or App Store.

Personal Health Record

The ***Personal Health Record (PHR)*** is an online service that provides a secure and confidential place for all your health information. Each time you have a new medical claim (such as a prescription filled or a lab result), it's automatically added to your PHR. You can add your own information too, such as over-the-counter drugs, family history and health problems you may not necessarily see a doctor for (like back pain). You can even give permission for your doctor to see your PHR.

Your PHR also provides health alerts and reminders from MedQuery®, a health monitoring system. MedQuery gathers information from your health plan about doctor and hospital visits, lab reports and prescriptions you fill. It also uses information that you add to your PHR. Next, the system compares your health information to the latest medical knowledge. If it sees a chance to improve your care, it posts an alert on the home page of your PHR and sends an e-mail to notify you of the posting. Your doctor also receives an alert by telephone or fax. Once you and your doctor receive an alert, it's up to you to discuss it and decide whether or not to take action. This may involve changing a course of treatment, trying a different medication or exploring other options for care.

To find your Personal Health Record, log in to Aetna Navigator and use the link on your home page. You will need to be registered with Aetna Navigator — a quick and simple process that starts when you visit **www.aetna.com.**

All information in your PHR is ***kept secure and confidential.*** It is ***never*** shared with your DoD NAF employer. Only you can see the information in your PHR, unless you decide to let your doctor see it as well.

On the Go? Go Mobile with Aetna.

Use your smartphone to access **www.aetna.com** to find in-network providers, view claims, check prescription costs, view your member ID card, contact Aetna by phone or e-mail, and much more. You can also download free Aetna apps:

- From the Apple iTunes App Store for your iPhone®, iPod touch® or iPad®.
- From the Android™ Market for your Android smartphone.
- From the Blackberry App World for your Blackberry®.

These apps allow you to perform such tasks as using GPS to find a doctor, viewing Aetna ID card information, checking the status of a claim, getting drug costs and downloading doctor contact information directly into your address book.

Smart phone users:

Use your QR scanner application for fast access to Aetna Navigator.

Aetna.com

Health and Wellness Programs

When you enroll in Open Choice, you and your family can take advantage of special programs that help you live healthier.

Simple Steps To A Healthier Life

Simple Steps To A Healthier Life® is an online wellness program that gives you information, tools and guidance to improve your diet, get in shape, cope with stress, and learn about ways to enjoy better health at all stages of life. Here's how it works:

Step 1 — *Complete the Health Assessment*

The Health Assessment is a secure, confidential questionnaire that helps identify your personal health risks. The questions cover such areas as eating habits, exercise, tobacco and alcohol use, dental health, safety practices, emotional health, preventive practices and screenings, family history and work-life balance. It will calculate your Body Mass Index (BMI), so be sure to have your current height and weight information handy. It will also ask about your most recent health screening results, such as blood pressure, cholesterol and glucose levels. The assessment will take about 20 minutes to complete. Remember, the more complete and accurate your answers, the more helpful the program will be to you.

It's Secure and Confidential

Any information you provide as part of the Simple Steps To A Healthier Life program is kept strictly confidential and is **not** shared with your DoD NAF employer. To access the Health Assessment, go to **www.aetna.com** and log in to Aetna Navigator. Look for "I want to . . . Take a Health Assessment" on the left side of your home page.

Take the Health Assessment and Earn a $50 Health Incentive Credit

When you complete the online Health Assessment, a $50 Health Incentive Credit will be applied to your deductible or coinsurance expenses.* Your covered dependents, age 18 and above, can also earn the credit by completing the assessment. You can earn an additional $50 when you receive your annual physical exam.

*Credit does not apply to copay amounts.

Step 2 — *Receive a Personalized Health Report and Action Plan*

Based on your answers to the Health Assessment, you will receive an e-mail with a recommended program based on your unique needs. You can choose to participate in that program or any of the other available online interactive wellness programs. The best part is you decide how you want to proceed, and you work through the programs at your own pace.

Step 3 — *Use the Online Wellness Coaching Programs to Reach Your Goals*

Programs are available to help you:

- Deal with stress and achieve balance
- Manage your weight
- Learn about nutrition and healthy eating
- Overcome depression
- Sleep better
- Quit smoking

You'll get a personalized plan with the tools, tips and features you need to succeed. Each of your recommended programs walks you through simple yet effective actions you can take and changes you can make that are realistic and fit into your daily life. You can have fun, too. Download your new exercise routine into your iPod. Find healthier versions of the foods you love.

Stay up to Date

Remember, your answers to the Health Assessment aren't set in stone. You can go back whenever you like to update and add information. For example, you can add your most recent blood pressure, cholesterol and other test results. When you do, you'll receive an updated program plan based on your current needs.

Aetna Everactive

Aetna Everactive℠ is a wellness website where you can join an online community of people who want to get fit and live healthier. The site offers support, encouragement and resources for a more active life – whether you're just starting out or looking for new ways to stay motivated. With Everactive, you can:

- Look up local activities to participate in, such as walking, running and biking events.
- Download a fitness training plan that's right for you.
- Get tips on healthy eating and weight management.
- Share your journey and hear the success stories of other participants.
- Set goals such as drinking more water each day or training for a 5k.

You can even set preferences to have workout reminders sent to your mobile phone.

To see what Aetna Everactive can do for you, visit **www.aetnaeveractive.com/?cmp=48-8000**. You can tour the site and sign up for free to get started with programs and activities.

Aetna Health Connections℠ Disease Management Program

If you're living with one or more continuing health conditions, your Aetna plan can help. The Aetna Health Connections program provides information and counseling from nurses trained in more than 35 different diseases and conditions, including diabetes, asthma, back pain, osteoporosis and cystic fibrosis, to name a few.

Living well with a chronic condition often means embracing a lifestyle change — which isn't always easy. Aetna nurses can help you manage your disease by helping you better understand your condition and your doctor-prescribed treatment plan. Through telephone calls from trained, experienced nurses, the program provides caring outreach and personal attention.

If you have a chronic condition, a program nurse will contact you to invite you to participate. If you accept, your nurse consultant will work with you to develop a personal action plan to help you manage your condition and address your unique health needs. Your plan will incorporate the latest information on your condition, provide one-on-one counseling and, if needed, it may involve the services of other clinical professionals, such as nutritionists, weight-loss counselors and pharmacists.

Your Privacy Is Protected

An important thing to keep in mind about all these services is that they're confidential. The information you exchange with Aetna nurses is kept secure and confidential and is not shared with your DoD NAF employer. The program is voluntary, so you have the option to participate — or not. Remember, it's about you and your good health.

Another point to remember is that the information and advice the Aetna nurse provides is not a substitute for the continuing care and services of your doctor. The idea is to provide support and information that help you better understand and follow your doctor's advice and treatment.

Why Participate in Aetna Health Connections?

- It offers personalized help, information and advice from a trained medical professional.
- It's secure and confidential.
- It's available to you at no extra cost.
- Support is available for more than 35 conditions.

If an Aetna nurse contacts you, we hope you'll take advantage of all he or she has to offer. Think of it as having your own health consultant — a knowledgeable medical professional with answers, ideas and advice you can put into action every day.

If you're living with one or more chronic conditions (or believe you may be at risk), you can call Aetna at **1-866-269-4500** to learn more about the personal help that is available to you and get started with the program. You can also submit a request through Aetna Navigator at **www.aetna.com**.

24/7 Nurse Line: 1-800-556-1555

Informed Health® Line is a toll-free number you can call anytime — 24 hours a day, 7 days a week, 365 days a year — for answers to health-related questions and information to help you make sound decisions and choices.

Call Informed Health Line to Talk to a Nurse

When you have a health question or concern or a health-related decision to make, you can call the Informed Health Line to talk with a trained registered nurse who will:

- Answer health-related questions
- Help you decide whether to go to a hospital emergency room
- Tell you how to take care of a health problem until you can see a doctor
- Help you understand health problems and how they are treated
- Give you guidance on what questions to ask your doctor
- Give you the facts about the latest medical treatments and procedures and explain their risks and benefits

While the Informed Health Line nurses can't prescribe drugs or diagnose medical conditions, they can give you advice, help you with your choices, and also coach you on how to communicate better with your doctor.

The National Medical Excellence Program

For help with extremely complex medical procedures, the Open Choice PPO Plan offers the National Medical Excellence Program® from Aetna. This voluntary program provides care coordination and other services when your doctor decides that you need to have a highly specialized medical procedure, such as bariatric surgery or an organ transplant. Coverage includes surgery for organ and tissue transplants such as heart, lung, liver, bone marrow, kidney and pancreas. Certain organ transplant combinations are also covered.

The procedure will be performed at a designated Institutes of Excellence™ hospital. These hospitals have national reputations for their skill with certain types of organ transplants and complex medical care. Surgical teams at these hospitals perform many of these specialized procedures and have a proven track record of success.

Your doctor and an Aetna case manager will coordinate your care. If the hospital is more than 100 miles from your home, you will also receive a travel and lodging benefit for you and one companion.

Discount Programs

Once you've enrolled in an Aetna plan, you can take advantage of discount programs to save on health-related products and services. To learn more about your discounts and how to use them, call Member Services at **1-800-367-6276.** Or, you can go to **www.aetna.com**, and log in to Aetna Navigator and link to the discount programs.

Aetna Vision Discount Program

The Aetna Vision℠ program helps you and your covered family members save on eye care products and services, including eyeglasses, contact lenses and solution, and LASIK surgery. You can even get discounts on such items as eyeglass chains, designer frames, sunglasses and other vision accessories not usually covered by insurance.

To use your discount, simply visit a participating provider and show your Aetna ID card. You can choose from thousands of providers, including national chains, such as Pearle Vision®, Lenscrafters®, JCPenney®, Target Optical® and participating Sears Optical® locations. To find a provider, visit DocFind at **www.aetna.com**, and select *Find a Doctor*. Enter the geographic information as requested. Under *Provider Category* and *Provider Type*, select *Vision (routine exam & eyewear)*. You can also call **1-800-793-8616** for assistance in locating a participating provider.

Aetna Hearing Discount Program

You and your covered family members can save on hearing exams and the latest hearing aid styles and technologies with Aetna Hearing℠ Discounts. You have two ways to save:

- With ***Hearing Care Solutions***, you can save up to 63% on a large selection of hearing aids. You'll also save on batteries and in-office service (for one year) and get free cleanings, checks and battery-door replacements for the life of your hearing aid.
- With ***HearPO***®, you save on hearing aids (including programmable and digital types), batteries, hearing exams and hearing aid repairs.

To find a Hearing Care Solutions or HearPO provider near you, call **1-888-HEARING** (**1-888-432-7464**) weekdays, from 9 a.m. to 6 p.m., ET.

Aetna Fitness℠ Discount Program

With the Aetna Fitness Discount Program, you and your covered family members can get discounts on health club memberships* and certain home exercise equipment and videos. The program is offered through GlobalFit®, one of the nation's leading providers of fitness services and facilities, with more than 10,000 locations nationwide. Program features include special membership rates, free guest passes,** guest privileges and easy billing through your bank account or credit card, as well as access to at-home weight-loss programs and personal health coaching.

You can learn more about this program and find a list of participating clubs by calling GlobalFit at **1-800-298-7800** or by visiting **www.globalfit.com/fitness**.

* At some clubs, program participation may be available only to new club members.

** Not available in all areas.

To learn more about your discounts and get started using them, log in to Aetna Navigator at **www.aetna.com**. On your home page, click on *Coverage & Benefits* in the top bar and you'll see the link for *Discounts*.

Aetna Natural Products and Services Discount Program

Aetna uses its bargaining power to offer you and your covered family members discounts on complementary health and wellness products and services through the Aetna Natural Products and Services℠ Program. Offered by ChooseHealthy™, the program provides discounts on:

- Acupuncture
- Chiropractic care
- Massage therapy
- Nutrition counseling from registered dietitians

The program also provides discounts on healthy lifestyle products, including over-the-counter vitamins, herbal and nutritional supplements, aromatherapy, yoga equipment and more.

You can find participating natural therapy professionals on DocFind. To use the program, visit one of the participating providers, show your Aetna ID card, and pay the special discounted fee when you receive the service.

Aetna Weight Management℠ Discount Program

This program offers special rates on today's most popular weight-loss programs and meal plans. You can save on:

- eDiets® — Choose an online diet plan or a meal delivery plan with food shipped right to your door. You'll save on monthly dues, products in the eDiets online store, customized menus and more.
- Jenny Craig® — Start with a free 30-day trial program, then get 25% off a Jenny Craig premium program. You'll also get weekly one-on-one consultations, 24/7 online support and more.
- Nutrisystem® — Save on a 28-day weight-loss meal plan, with food delivered right to your door.

More savings!

Aetna also offers discounts on:

- Sonic toothbrushes and water-jet flossers from Waterpik®
- Gum, toothpastes and mouth rinses from Epic™ Dental
- An automatic home blood pressure monitor with ComFit™ Cuff
- Books and other items from the American Cancer Society bookstore and **MayoClinic.com** bookstore
- Yoga DVDs, books and online videos through Pranamaya®

Aetna Member Services – 1-800-367-6276

Once you're enrolled in an Aetna plan, help and information are just a phone call or e-mail away. You can contact Aetna Member Services:

- For information about network doctors and hospitals, including a doctor's credentials and whether he or she is accepting new patients
- For information about benefits under your plan
- To precertify hospital care, if required
- To check the status of a claim or benefit payment
- To request replacement ID cards
- For eligibility questions

Member Services Representatives are available 24/7 at **1-800-367-6276**. You may also send an e-mail to Member Services through Aetna Navigator (**www.aetna.com**) once you've registered.

Enrollment Instructions

During Open Enrollment

If you are currently enrolled in Open Choice, your coverage will automatically continue as long as you and any covered dependents remain eligible. Your current medical plan election will remain in place unless there has been a network change in your area. For example, if you are currently enrolled in Traditional Choice® and, due to a network change, Open Choice is now established in your area, you will automatically be converted to the Open Choice PPO Plan. If you are eligible and decide to make a change for next year, you will need to complete the enrollment process.

To enroll for benefits and/or make changes to current elections, go to **www.nafhealthplans.com**. There you will find detailed information about the plans available to you, and instructions for enrolling.

Dependent Eligibility

During Open Enrollment, you may add or delete dependents from your coverage.

You may also enroll as dependents:

- Your adult children up to age 26, even if they no longer live with you, are no longer students, and whether or not coverage is available to them through an employer health plan or spouse's employer-sponsored health plan. Supporting documentation to validate the parent-child relationship will be required.
- Your same-sex domestic partner and his/her eligible children. Supporting documentation to validate the relationship will be required.

New Employees and Newly Eligible Employees

Newly hired and newly eligible employees must enroll within 31 days of eligibility in order to have coverage under the DoD NAF Health Benefits Program. Otherwise, you will need to wait for the next Open Enrollment period to enroll in the plan. To enroll, go to **www.nafhealthplans.com**. There you will find detailed information about the plans available to you, and instructions for enrolling.

Retirees

If you are currently enrolled in Open Choice, your coverage will automatically continue. Retirees are eligible to make changes to their coverage if there is a qualified family status change. Eligibility criteria for continuation after retirement apply. Please contact your supporting Human Resources Office for detailed information and instructions.

Coverage for Newborns

Important! In order for your newborn to be covered, you must enroll your baby in the plan within 31 days of his or her birth date. Coverage will be effective as of the date of birth. Please contact your supporting Human Resources Office for details.

This brochure highlights the key features of the DoD NAF Health Benefits Program. It does not attempt to cover all plan details, which are contained in the official Plan Documents and insurance contracts that govern the operation of the various plans within the program. Please reference the Summary Plan Description (SPD) for a complete description of benefits, exclusions, limitations and conditions of coverage. Should there be any conflict between the information in this brochure and the provisions of the legal documents and contracts, the terms of those documents and contracts will control.

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