

Health Benefits 101

Your plans, plain and simple

If you don't really understand health insurance, you're not alone. Here's a handy guide with straightforward explanations about plans, payments and ways to save.



For Active and Pre-65 Retirees

Terms to know

Throughout the guide, all **bold blue** wording is hyperlinked to more information.

Deductible	The amount you pay before your plan begins to pay benefits
Out-of-pocket maximum	This is a limit on the costs a health plan member must pay for covered services.
Copay	A flat dollar amount you pay at time of service
Coinsurance	Your percent share of covered costs after deductible
In network	When you use doctors and hospitals that participate in the plan
Out of network	When the doctor or hospital does not participate in the plan
Premium	Your cost for the plan paid through payroll deductions
Primary Care Physician (PCP)	Your main doctor who coordinates care for you
Reasonable & Customary (R&C) Charge	A limit on the amount your health plan will pay for out of network care. The limit is based on aggregate data on what doctors charge for health care services.
Explanation of Benefits (EOB)	This is a statement a health plan sends to a health plan member. It shows charges, payments and any balances owed.

Be prepared

Don't get caught off guard with a high health care bill or wait until you are sick to find a doctor — being prepared is smart thinking and can save you money.

1. Register for the Aetna member website at aetna.com > Login.

Once you're registered, the site will be personalized for you each time you log in.

Use it when you want to:

- Find a doctor
- Get health care costs
- See who's covered
- View claims, and more



**Download the Aetna Health® app
text Aetna to 90156.**

Enjoy all the best features of the Aetna member website — in the palm of your hand.

2. Register with Teladoc® at teladoc.com/aetna or 1-800-TELADOC (1-800-835-2362).

Talk with a board-certified doctor, pediatrician, dermatologist or licensed therapist by phone or video chat. They treat:

- Cold and flu symptoms
- Headache or earache
- Fever
- Allergies
- Dermatology issues
- Behavioral health concerns

Teladoc is not available overseas and may not be available in all states.

How to pay for care



**Visit your doctor,
show your ID card**



**No need to pay at your visit
unless you have a copay**
Out of network, you may need to
pay the full amount at your visit.



Doctor files your claim
Out of network, you file your
own claims.



**Use your Health Care
FSA* or HSA* to help
pay your share**
Up to available balance.



**Doctor bills you for any
amount you owe**
Out of network, the doctor's bill
may include amounts above
reasonable and customary, called
"balance billing."



**Plan pays doctor and sends
you a statement to show
what it paid**
Out of network, the plan pays
you back what it owes, up to the
"reasonable and customary" limit.

*Eligible active employees may elect an FSA or HSA. Pre-65 retirees may only elect the HSA.

Get and stay healthy

Participate in your own good health and earn Health Incentives

1. Get involved in your health

Complete certain wellness activities to earn **Health Incentives**.

2. Complete the Health Assessment

Log in to [aetna.com](https://www.aetna.com) > **Stay Healthy**.

3. Get your metabolic screening

You can go to your own doctor, a Quest Diagnostics lab or attend an onsite screening event.



5 ways to save



1. Stay in the network

Use doctors, labs, hospitals and other health care providers who are in the network. They charge lower, negotiated rates, plus your coinsurance is lower. Find network providers when you log in to [aetna.com](https://www.aetna.com) > [Find Care & Pricing](#).



2. Get preventive care

Keep up with preventive services to catch problems early. You pay nothing as long as you stay in the network.

Eligible preventive care includes things like your annual physical and certain immunizations and screenings based on your age and gender.



3. Pay less for prescriptions

Generic drugs can be just as effective as name-brand and they cost less. You'll also save with the Maintenance Choice® program for your long-term prescriptions.



4. Compare costs before you go

Use your cost-of-care tools to compare costs before you go to the doctor and pharmacy. Log in to [aetna.com](https://www.aetna.com) > [Find Care & Pricing](#) > [Services & Procedures](#).



5. Only use the ER for emergencies

Visit an urgent care center or walk-in clinic for non-life-threatening medical issues instead of the hospital emergency room.

Pharmacy benefits

Short-term (up to 30-day supply)

Use a network pharmacy. Log in to [aetna.com](https://www.aetna.com) > [Pharmacy](#).

Long-term (up to 90-day supply)

Receive it through the mail with CVS Caremark Mail Service Pharmacy™. Log in to [aetna.com](https://www.aetna.com) > [Pharmacy](#) or call **1-888-792-3862** to get started. You can also pick up at your local CVS Pharmacy®. Use the store locator at [CVS.com](https://www.cvs.com).

Maintenance drugs (prescriptions you take on an ongoing basis)

With Maintenance Choice, you can get a **90-day supply** of maintenance medications through CVS Caremark Mail Service Pharmacy or by picking it up at your local CVS Pharmacy®. **After two 30-day fills, the plan will no longer cover additional 30-day fills.** You will be responsible for the full cost. [Learn more.](#)

Specialty drugs (requires special handling/refrigeration)

Use CVS Specialty Pharmacy®. Go to [nafhealthplans.com](https://www.nafhealthplans.com) > [Health Benefits](#) > [Pharmacy Program](#) or call **1-888-792-3862**.

Preventive Drug List

Under the Affordable Care Act, some drugs are covered 100% by your plan. This includes some that need a prescription and some that are over-the-counter medications. [View the current list.](#)

Formulary

This is a list of prescription drugs the health plan covers. It can include drugs that are brand name and generic. How much a plan covers may vary from drug to drug. An open formulary provides a greater choice of covered drugs. It is also called a preferred drug list. [View formulary.](#)

Compare drug prices

Estimate and compare costs of your prescriptions ahead of time. Log in to [aetna.com](https://www.aetna.com) > [Pharmacy](#).

Dental benefits

Use network dentists You pay less when you use dentists in the Dental PPO network. Log in to [aetna.com](https://www.aetna.com) > [Find Care & Pricing](#) > [Dentists](#).

Get regular checkups Your plan covers two preventive care visits per year. Your dentist will clean your teeth and can find problems early when they cost less to treat.

Advance Claim Review The purpose of the advance claim review is to determine — in advance — the benefits (if any) that the Plan will pay for proposed services. In-network dentist will do this for you so you can make informed decisions about the care you are considering. Out-of-networks may not. Even though an advance claim review is not required, you are encouraged to get one whenever a course of dental treatment is likely to cost more than \$200.

See if you qualify for extra cleanings Your dental health can complicate certain medical conditions. You may qualify for extra cleanings if you have heart disease, diabetes or are pregnant. Call **1-800-367-6276** to find out. [Learn More](#).

This information only applies to those enrolled in a separate Aetna dental plan. Dental benefits are not part of your medical benefits.



Flexible Spending Account (FSA)*

An FSA lets you save money from your paycheck (on a pretax basis) to use for eligible out-of-pocket expenses.

	Health Care FSA	Dependent Care FSA
Use it for qualified expenses	<ul style="list-style-type: none">• Medical• Dental• Vision• Hearing• Prescription drugs• And more	<ul style="list-style-type: none">• Child and adult day care• Before and after school care• Nursery school and preschool• Summer day camp
Build your own account	Up to \$2,750 per year	Up to \$5,000 per year (\$2,500 if married and filing separate tax returns.)
Pay yourself back	Sign in at payflex.com > Pay Me	
Pay your provider directly	Sign in at payflex.com > Pay Them	

*Only eligible active employees may elect an FSA; pre-65 retirees are not eligible. If you elect the High Deductible Health Plan (HDHP) and elect a Health Savings Account (HSA), you may not also have an FSA — it is one or the other.

Health Savings Account (HSA)

An HSA is a separate account that lets you save money from your paycheck (on a pretax basis) to use for eligible out-of-pocket health care expenses.

Eligibility

CONUS employees and pre-65 retirees may be eligible to enroll in an HSA only if they are enrolled in the Aetna High Deductible Plan (HDHP). Employees may not have both a health care FSA and an HSA — it's one or the other. Pre-65 retirees are not eligible for an FSA.

Qualified expenses

- Medical
- Dental
- Vision
- Hearing
- Prescription drugs
- And more

Contributions

Your NAF employer will make an annual contribution of \$500 (for employee-only coverage) or \$1,000 (for family coverage) at the beginning of the year to get your account started. You, too, can contribute funds from your paycheck on a pretax basis. The account is yours to use and let grow for future health care costs.

You own it

The account is yours. This means that you can use funds now or save them for later. Your balance will roll over from year to year and you can keep your account even if you leave the your NAF employer. There is no 'use it or lose it' rule.

Invest

Once your account balance reaches \$1,000, you have the opportunity to start investing the funds to further grow your account.

Health Reimbursement Account (HRA)

An HRA is part of your medical plan and automatically pays first for qualified health care expenses until the funds run out.

Eligibility

OCONUS employees who are enrolled in the High Deductible Health Plan (HDHP) are eligible for an HRA.

Qualified expenses

- Medical
- Dental
- Vision
- Hearing
- Prescription drugs
- And more

Contributions

Your NAF employer will make an annual contribution of \$500 (for employee-only coverage) or \$1,000 (for family coverage) at the beginning of the year. You cannot contribute funds to this account.

Roll over funds

If you do not use the entire fund in one calendar year, the remaining amount will rollover into next year's fund balance as long as you remain in the HDHP. This allows you to build your account to pay for future costs. However, if you stop participating or should the plan be terminated by the DoD NAF, any unused funds in the account will be forfeited.

The background features a gradient from light green at the top to a deep blue at the bottom. Overlaid on this are several overlapping, wavy bands of varying shades of blue, creating a sense of movement and depth.

Know more, get more, save more