



## 2022 MEDICAL PLAN COMPARISON- In-Network Provisions Only

### AETNA POS II, AETNA HDHP

PLAN DESIGN	Aetna Choice POS II In-Network	Aetna HDHP In-Network
<b>Deductible</b> Individual/Family	Individual: \$500 Family: \$1,500	Individual: \$1,500 Family: \$4,500
<b>Out-of-Pocket Max</b> Individual/Family	Individual: \$4,000 Family: \$8,000	Individual: \$6,000 Family: \$12,000
<b>Rx Out-of-Pocket Max</b>	Included above	Included above
<b>Office Visit</b> Preventive Care	Covered at 100%	Covered at 100%
<b>Office Visit</b> PCP	\$40	Covered at 75% after deductible
<b>Office Visit</b> Specialist	\$60	Covered at 75% after deductible
<b>Routine Eye Exam &amp; Materials (Adult)</b> <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
<b>Inpatient Hospital</b>	Covered at 90% after deductible plus \$200 per confinement fee	Covered at 75% after deductible
<b>Outpatient Surgery</b>	Covered at 90% after deductible	Covered at 75% after deductible
<b>Diagnostic lab and X-ray</b> <i>*LabCorp &amp; Quest are in-network providers for Aetna</i>	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
<b>Emergency Room</b>	Covered at 90% after \$350 copay (waived if admitted) for medical emergencies	Covered at 75% after deductible (medical emergencies)
<b>Urgent Care</b>	\$40 copay	Covered at 75% after deductible
<b>Prescriptions</b> 30 day Supply <i>Mandatory maintenance choice for maintenance RX for Aetna</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)
<b>Prescriptions</b> Mail Order (90 day Supply)	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 *See plan material for Preventive Drug detail

**Open Enrollment: November 1 – 30, 2021**

*This is not intended to be inclusive and is only a summary. Detailed provisions of the plans are determined by the plan coverage document. This is for informational purposes and is not an entitlement to eligibility or a benefit. Every effort has been made to ensure accuracy of these benefits – however, if there is an error the Plan document prevails. For more details on these plans, including plan changes and required legal notices, contact your local NAF Human Resources Office or visit MCCS Employee Benefits ([usmc-mccs.org](https://usmc-mccs.org)) <https://usmc-mccs.org/employ/benefits/>*



## 2022 Bi-weekly Premiums

Tier	Aetna POS II	Tier	Aetna HDHP
Employee Only	\$103.12	Employee Only	\$79.33
Employee + Child(ren)	\$199.03	Employee + Child(ren)	\$153.11
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](http://www.nafhealthplans.com). Go to the NAF Enrollment tab and select Marine Corps. Meet Alex in the middle of the page!

### During Open Enrollment, you can:

- Enroll you and your eligible dependents in a health plan
  - Switch plans
  - Cancel coverage for 2022
  - Add or remove eligible dependents
  - Waive coverage
  - Elect to enroll or re-enroll in the Health Flexible Spending Account (HFSA),\* or enroll in or update your annual Health Savings Account (HSA) \*\*
  - Enroll or re-enroll in the Dependent Care Flexible Spending Account (DFSA)
  - Enroll in Stand Alone Dental provided you are not enrolled in a MCCS sponsored medical plan
- \* HFSA is available even if you are not enrolled in group medical, except for those enrolling/enrolled in the HDHP.  
 \*\* HSA available only to those enrolled in HDHP

To learn more about the medical/dental/pre-tax savings accounts offered log on to [www.nafhealthplans.com](http://www.nafhealthplans.com), <https://www.usmc-mccs.org/employ/benefits/fsa/>, or contact your local NAF Human Resources Office.

**IF YOU ARE CURRENTLY ENROLLED IN EITHER/BOTH FSA PLAN OR THE HSA PLAN – YOU WILL BE REQUIRED TO RE-ENROLL FOR 2022. THESE BENEFITS DO NOT CARRY OVER FROM YEAR TO YEAR.**

### Important Notes

- If you don't have any changes to make, you don't have to do anything to continue your current coverage into 2022.
- Plan changes made during open enrollment are effective January 1, 2022.
- All enrollments or changes made during open enrollment must be completed via PeopleSoft self-service by November 30, 2021. For questions about PeopleSoft self service, contact your local NAF HR office. The addition of an eligible dependent requires supporting documentation for all dependents (e.g., copy of birth certificate for child, marriage certificate and IRS form 1040 for spouse). Failure to provide required documentation will result in the removal of the dependent from coverage.

**IMPORTANT:** If you or your eligible dependent were enrolled in a Marine Corps group medical for at least 90 days, and lose group medical coverage due to eligibility status change or termination of employment you may be eligible for Temporary Continuation of Coverage (TCC). Exclusions do apply, please contact your local NAF Human Resources Office for further information.