



2026 NEXCOM MEDICAL PLAN COMPARISON – In-Network Provisions Only

KAISER HI, HMSA HI, AETNA POS, AETNA HDHP

Changes in red from the current plan

PLAN DESIGN	Kaiser Hawaii	HMSA	Aetna Choice POS II In-Network	Aetna HDHP In-Network
Deductible Individual/Family	Individual: \$0 Family: \$0	Individual: \$350 Family: \$1,050	Individual: \$700 Family: \$2,100	Individual: \$2,000 Family: \$6,000
Out-of-Pocket Max Individual/Family	Individual: \$2,500 Family: \$7,500	Individual: \$3,000 Family: \$9,000	Individual: \$6,000 Family: \$12,000	Individual: \$7,000 Family: \$14,000
Rx Out-of-Pocket Max	Included above	Individual: \$3,600 Family: \$4,200	Included above	Included above
Office Visit Preventive Care	Covered at 100%	Covered at 100% (no deductible)	Covered at 100%	Covered at 100%
Office Visit PCP	\$15	\$17 after deductible	\$45	Covered at 70% after deductible
Office Visit Specialist	\$15	\$17 after deductible	\$70	Covered at 70% after deductible
Eye Exam & Materials (Adult) <i>See Benefit Summary for Pediatric Benefit</i>	\$15 exam; once every 12 months; \$150 vision materials allowance once every calendar year	\$10 exam; once every 12 months; materials available at applicable copays/allowance as listed in certificate	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%	Covered at 80% after deductible	Covered at 80% after deductible plus \$200 per confinement fee	Covered at 70% after deductible
Outpatient Surgery	Covered at 80% outpatient/ambulatory surgery center	Covered at 80% after deductible; \$17 copay for physician services	Covered at 80% after deductible	Covered at 70% after deductible
Diagnostic lab and X-ray <i>*LabCorp & Quest are in-network providers for Aetna</i>	\$15 copay for Basic Lab/Imaging Specialty Lab/Imaging covered at 80%	Covered at 80% after deductible	If billed as part of an office visit – 100% (no copay); separate office visit – 100% after \$45 PCP/\$70 Specialist; independent facility – 80% after deductible	Covered at 70% after deductible
Emergency Room	Covered at 80%	Covered at 80% after deductible	Covered at 80% after \$500 copay, no deductible (waived if admitted) for medical emergencies	Covered at 70% after deductible (medical emergencies)
Urgent Care	\$15 copay	\$17 copay after deductible	\$45 copay	Covered at 70% after deductible
Prescriptions (30 day Supply)	Generic Maintenance: \$3 Other Generics: \$15 Brand: \$50 Specialty: \$200	Tier 1: \$7 Tier 2: \$30 Tier 3: \$75 Tier 4: 20% Tier 5: \$25%	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)	Generic Maintenance: \$6 Other Generics: \$30 Brand: \$100 Specialty: \$400	Tier 1: \$11 Tier 2: \$65 Tier 3: \$200 Tier 4: Not Covered Tier 5: Not Covered	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 Total Rewards > Medical & Dental, or contact your local Human Resources representative for HMO enrollment packets.



2026 Bi-weekly Premiums

HMO Tier – Full-Time Associates	Kaiser HI	HMSA	Aetna Tier	Aetna POS II	Aetna HDHP
Employee Only	\$114.88	\$135.15	Employee Only	\$128.35	\$98.73
Employee + One	\$229.76	\$270.30	Employee + Child(ren)	\$247.72	\$190.56
Employee + Family	\$344.64	\$405.45	Employee + Spouse	\$296.50	\$228.07
			Employee + Family	\$392.76	\$302.12

HMO Tier – Part-Time Associates	Kaiser HI	HMSA
Employee Only	\$98.47	\$115.85
Employee + One	\$426.70	\$501.98
Employee + Family	\$754.93	\$888.11

Enrollment Dates for 2026 Plan year

Open Enrollment: November 1 – 30th, 2025

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

Learn more about your medical/dental benefit plans. Click on the URL address (below), copy and paste the URL address into Edge or Google Chrome or scan the QR Code with your mobile device.

Virtual Benefits Fair
www.virtualfairhub.com/Nexcom/



Alex: Virtual Benefits Counselor
<https://start.myalex.com/nexcom>



DoD Website

www.nafhealthplans.com



NEXCOM HUB

Follow this path:

Hub > Code H > My Total Rewards >
 Medical & Dental

IMPORTANT: If you are a NAF associate enrolled in a Health Maintenance Organizations (HMO) plan and have been enrolled 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. For further details, you may contact the member service unit for HMSA at 1-800-776-4672 or Kaiser HI at 1-808-432-5955. To be eligible to participate in the Aetna Temporary Continuation of Coverage plan you must be enrolled in an Aetna medical plan for at least 90 days.