NEXCOM
NAVY EXCHANGE SERVICE COMMAND

# 2027 NEXCOM MEDICAL PLAN COMPARISON - In-Network Provisions Only

## KAISER MID-ATLANTIC HMO, AETNA POS II, AETNA HDHP

| PLAN DESIGN | Kaiser Mid-Atlantic | Aetna Choice POS II In-Network | Aetna HDHP In-Network |
|---|---|---|---|
| **Deductible** Individual/Family | Individual: $500<br>Family: $1,000 | Individual: $700<br>Family: $2,100 | Individual: $2,000<br>Family: $6,000 |
| **Out-of-Pocket Max** Individual/Family | Individual: $4,000<br>Family: $9,500 | Individual: $6,000<br>Family: $12,000 | Individual: $7,000<br>Family: $14,000 |
| **Rx Out-of-Pocket Max** | Included Above | Included above | Included above |
| **Office Visit** Preventive Care | Covered at 100% | Covered at 100% | Covered at 100% |
| **Office Visit** PCP | $20 | $45 | Covered at 70% after deductible |
| **Office Visit** Specialist | $40 | $70 | Covered at 70% after deductible |
| **Eye Exam & Materials (Adult)** ***See Benefit Summary for Pediatric Benefit*** | $20 copay for annual exam with Optometrist, $75 discount for materials | 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% after deductible | Covered at 80% after deductible plus $200 per confinement fee | Covered at 70% after deductible |
| **Outpatient Surgery** | Covered at 80% after deductible | Covered at 80% after deductible | Covered at 70% after deductible |
| **Diagnostic lab and X-ray** ***LabCorp & Quest are in-network providers for Aetna** | Covered at 90% 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** | $350 copay<br>(waived if admitted) | Covered at 80% after $500 copay, no deductible (waived if admitted) for medical emergencies | Covered at 70% after deductible (medical emergencies) |
| **Urgent Care** | $40 copay | $45 copay | Covered at 70% after deductible |
| **Prescriptions** 30 day Supply | Kaiser Plan Pharmacy:<br>Generic: $20<br>Preferred brand: $35<br>Non-Preferred brand: $50<br>Specialty: 50% up to max of $150<br>*See plan material for "Other Pharmacy Drug detail | Tier 1: $10<br>Tier 2: 25% min/$45 max $70<br>Tier 3: 35% min/$75 max $200<br>Tier 4: 40% min/$60 max $125<br>(Standard Formulary) | After deductible:<br>Tier 1: $0<br>Tier 2: 35% $75 max<br>Tier 3: 50% $125 max<br>Tier 4: 50% $125 max<br>(Standard Formulary) |
| **Prescriptions** Mail Order (90 day Supply) | Kaiser Plan Pharmacy:<br>Generic: $40<br>Preferred brand: $70<br>Non-Preferred brand: $100<br>Specialty: 50% up to max of $300<br>*See plan material for "Other Pharmacy Drug detail | Tier 1: $20<br>Tier 2: 25% min/$90 max $140<br>Tier 3: 35% min/$150 max $400<br>(Standard Formulary)<br>CVS Caremark Mail Service | After deductible:<br>Tier 1: $0<br>Tier 2: 35% $150 max<br>Tier 3: 50% $250 max<br>(Standard Formulary)<br>CVS/Caremark Mail Service<br>*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.***

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## 2027 Bi-weekly Premiums

| HMO Tier | Kaiser Mid-Atl | Aetna Tier | Aetna POS II | Aetna HDHP |
|---|---|---|---|---|
| Employee Only | $137.77 | Employee Only | $140.55 | $108.11 |
| Employee + One | $275.55 | Employee + Child(ren) | $271.26 | $208.66 |
| Employee + Family | $385.77 | Employee + Spouse | $324.67 | $249.74 |
| | | Employee + Family | $430.08 | $330.82 |

**Enrollment Dates for 2027 Plan year**

Open Enrollment: November 1 – 30th, 2026

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

# The Virtual Benefits Fair has a new home!

## You can now find it on NEXCOM's LEARN platform.

The new experience is intuitive, easy to navigate and designed to help you spend **less time searching and more time reviewing** the benefits information you need. Explore your benefits, tools and resources **anytime, year-round—all in one convenient place. Available 24 hours/day, 7 days/week, and 365 days/year!**

**Learn more about your medical/dental/HFSA/DFSA/HRA benefits options.** 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**
**Moved to LEARN**

Username: Your 7 digit Employee ID #

www.nafhealthplans.com

**Alex: Virtual Benefits Counselor**

https://start.myalex.com/nexcom

*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 Kaiser Mid-Atlantic at 1-855-249-5018. 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.