

Aetna International High Deductible Health Plan (HDHP)

(with Traditional Choice®)

Department of Defense Nonappropriated Fund (NAF) Health Benefits Program

Summary of Benefits effective January 1, 2026

Plan Provisions

Plan Benefits*

UPDATE

Calendar-Year Deductible (includes pharmacy)

Employee only	\$2,000
Family (employee + one or more dependents)	\$6,000

UPDATE

Out-of-Pocket Maximum

This is the maximum amount you pay for your share of covered expenses in a calendar year. It includes the deductible, coinsurance² and copays. It does not include prescription eyewear, Choose Generics penalties, expenses covered at 50% and non-covered expenses.

Employee only	\$7,000
Family (employee + one or more dependents)	\$14,000 ³
Lifetime maximum	Unlimited

Health Incentives

Each year employees and covered spouses can each earn up to \$300 by completing certain healthy actions. Earned incentive monies can go toward paying eligible out-of-pocket health care expenses. For details, visit nafhealthplans.com > [Wellness & reward](#) > [Health Incentives Program](#).

Hospital Precertification

Certain services require precertification. Please see your Summary Plan Description (SPD) for details. Network physical handles

Preventive Care (Deductible is waived for preventive care services.)

Routine physical exam (one per calendar year) and immunizations	100%, no deductible
Well-child care and immunizations (birth to age 7). Please see your SPD for age and frequency schedule.	100%, no deductible
Routine gynecological exam, including Pap test and related lab fees (one per calendar year)	100%, no deductible
Routine mammogram (one per calendar year for women age 35 and over)	100%, no deductible
Routine colonoscopy (one every 10 years, age 45 and over)	100%, no deductible
Routine prostate screening exam (one per calendar year for men age 40 and over)	100%, no deductible
Routine eye exam and/or contact lenses fitting (one each per calendar year)	100%, no deductible
Prescription eyewear – lenses, frames and contacts. You are also eligible to use Aetna® vision discounts.	100%, no deductible, up to a \$150 maximum benefit per person, per calendar year
Pediatric vision (dependent children up to age 22), one pair of basic frames and lenses per calendar year ⁴	100%, no deductible
Routine hearing exam (one per calendar year)	100%, no deductible

¹ The IRS sets minimum deductible amounts for qualified HDHPs requiring the employee-only deductible to increase to \$1,700 in 2026.

² Coinsurance is the percentage of your covered expenses you pay after you meet the calendar-year deductible.

³ In compliance with the Affordable Care Act, if one individual under family coverage has \$10,150 applied toward the in-network out-of-pocket maximum, that individual will have the plan pay 100% for covered services for the remainder of the plan year.

* Coverage is subject to recognized charges. This provision does not apply for services provided overseas

MOD DOD-1951-HDHP/AI (8/25)

Aetna Member
Services

1-800-367-6276 (TTY: 711)
1-888-506-2278 (outside the USA, via AT&T + access code) • aiservice@Aetna.com
1-813-775-0189 (direct or collect outside the USA) • AetnaInternational.com



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Coinsurance

Plan share of costs - as a percentage - after you reach the deductible. For example, if the plan pays 70% of a covered expense, you pay 30%. You must pay and meet deductible amount before coinsurance applies (unless specifically noted deductible does not apply). Both your deductible and your coinsurance amount apply to your out-of-pocket maximum.

Plan pays

70% after deductible

Physician Services

Office visits for treatment of illness or injury
Walk-in clinic visit
Diagnostic lab and X-ray
Maternity care office visits
In-office surgery
Physician hospital visits
Anesthesia
Allergy testing, serum and injections
Specialists (office visits)
Second surgical opinion

Plan pays

70% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible
100%, no deductible

Hospital Services

Inpatient hospital room and board and ancillary services
Inpatient and outpatient surgery
Outpatient services
Pre-operative testing
Other hospital services

70% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible

Urgent and Emergency Care

Hospital emergency room
Hospital emergency room for non-emergency care
Urgent care facility
Ambulance

70% after deductible
50% after deductible
70% after deductible
70% after deductible

Other Health Care

Convalescent facility (up to 90 days per calendar year)
Home health care (up to 90 visits per calendar year)
Private duty nursing (up to 70 eight-hour shifts per calendar year)
Hospice (inpatient and outpatient)
Independent lab and X-ray facilities
Voluntary sterilization
Short-term rehabilitation (60-visit maximum per course of treatment)
Habilitative physical therapy
Habilitative occupational therapy
Habilitative speech therapy
Autism behavioral therapy (treated as outpatient mental health visits)

70% after deductible
70% after deductible
70% after deductible
100% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible
70% after deductible

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Autism applied behavior analysis (covered same as any other outpatient mental health – all other)	70% after deductible
Autism physical therapy	70% after deductible
Autism occupational therapy	70% after deductible
Autism speech therapy	70% after deductible
Durable medical equipment	70% after deductible
Spinal disorder (chiropractic) (20 visits per calendar year)	70% after deductible
Bariatric surgery	70% after deductible
Hearing aids (\$3,000 maximum every 3 years). You are also eligible to use the Amplifon Hearing Health Care Discount Program.	70% after deductible
Mental Health Care	
Inpatient (no maximum number of days)	70% after deductible
Outpatient (no maximum number of visits)	70% after deductible
Outpatient – all other ⁵ (no maximum number of visits)	70% after deductible
Substance Abuse Treatment	
Inpatient (no maximum number of days)	70% after deductible
Outpatient (no maximum number of visits)	70% after deductible
Prescription Drug Benefits (Formulary: Aetna Standard Plan for DoD)	
	You pay
Participating Retail Pharmacy Program (up to a 30-day supply)⁶	
<ul style="list-style-type: none"> • Tier One – Generic drugs • Tier Two – Preferred brand-name drugs • Tier Three – Non-preferred brand-name drugs⁸ • Tier Four – Specialty drugs 	0% after deductible 35% after deductible; \$75 maximum 50% after deductible; \$125 maximum 50% after deductible; \$125 maximum
Maintenance Choice[®]: CVS Caremark[®] Mail Service Pharmacy or CVS Pharmacy[®] (a 31- to 90-day supply)⁶	
<ul style="list-style-type: none"> • Tier One – Generic drugs • Tier Two – Preferred brand-name drugs • Tier Three – Non-preferred brand-name drugs⁷ 	0% after deductible 35% after deductible; \$150 maximum 50% after deductible; \$250 maximum
Preventive Drug List (up to a 30-day supply)	
<ul style="list-style-type: none"> • Tier One – Generic drugs • Tier Two – Preferred brand-name drugs • Tier Three – Non-preferred brand-name drugs⁷ 	Deductible waived; 0% Deductible waived; 35% with \$75 maximum Deductible waived; 50% with \$125 maximum
Prescriptions purchased overseas	
<ul style="list-style-type: none"> • Generic drugs • Brand-name drugs 	100% after deductible 80% after deductible
Smoking-cessation medications⁸	
<ul style="list-style-type: none"> • Tier One – Generic drugs • Tier Two – Preferred brand-name drugs • Tier Three – Non-preferred brand-name drugs⁷ 	0% after deductible 35% after deductible; \$75 maximum 50% after deductible; \$125 maximum

⁵ Includes transcranial magnetic stimulation (TMS), psychological/neuropsychological testing (PTS), psychiatric & substance use disorder (SUD) home care services, psychiatric & SUD partial hospitalization (PHP), psychiatric & SUD intensive outpatient (IOP), outpatient detox (OPD) and applied behavior analysis (ABA).

⁶ With Maintenance Choice, it is **mandatory** that you get a 90-day supply of certain maintenance medications, such as drugs that treat conditions like arthritis, asthma, diabetes or high cholesterol, by using either CVS Caremark Mail Service Pharmacy or a CVS Pharmacy near you. **After two 30-day fills, the plan will no longer cover 30-day fills. You will be responsible for paying the full cost of the drug, and it will not count toward your out-of-pocket maximum.** View the Maintenance Choice drug list at nafhealthplans.com > **Explore benefits > Pharmacy benefits**

⁷ With the Choose Generics program, your pharmacy will automatically fill your prescription with a generic drug, if one is available. If you choose the brand name instead, you will pay the difference in actual cost between the brand name and generic equivalent plus the Tier Three coinsurance. In addition, the amount that is the difference between the actual brand cost and actual generic cost does NOT go toward your plan's calendar-year out-of-pocket maximum.

⁸ Covers a 180-day supply of the following FDA-approved medications with a valid prescription: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch and varenicline. Includes eight counseling sessions per calendar year.

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Aetna Passive PPO Dental Plan (HDHP)

Department of Defense Nonappropriated Fund (NAF) Health Benefits Program

Summary of Benefits effective January 1, 2026

Plan Provisions	Plan Benefits*
Calendar-Year Deductible	
Individual	\$100
Family of 2	\$200 (2 times individual)
Family of 3 or more	\$300 (3 times individual)
Calendar-year benefits maximum	\$2,500 per person
Preventive Care	
Routine oral exams and cleanings – two per calendar year ¹	100%, no deductible
Problem-focused exams – two per calendar year	100%, no deductible
X-rays (frequency limits apply), fluoride (no age limit) and sealants to age 18	100%, no deductible
Certain services require precertification. Please see your Summary Plan Description (SPD) for details.	Network physical handles
Basic Care	
Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments	80% after deductible
Restorative Care	
Inlays, crowns, fixed bridgework, gold fillings	50% after deductible
Oral Surgery	
Services that are dental in nature	100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar-year maximum
TMJ Treatment	
Temporomandibular joint dysfunction	50%, no deductible \$750 lifetime maximum per person
Orthodontia for Adults and Children	
Includes TMJ appliances	50%, no deductible \$2,000 lifetime maximum per person
Claim Filing	
You are responsible for filing claims when you receive dental care overseas. When you receive care in the United States from a dentist who participates in the Aetna® dental network, the dentist will file your claim. You may be responsible for filing claims when care is provided by a non-participating dentist.	

¹ A third cleaning will be covered for those who qualify due to certain medical conditions, such as pregnancy, diabetes or heart disease. Contact Aetna Member Services for details.

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