


# Aetna International High Deductible Health Plan (HDHP)

(with Traditional Choice®)

## Department of Defense Nonappropriated Fund Health Benefits Program

### Summary of Benefits effective January 1, 2024

Plan Provisions		Plan Benefits*
<b>Calendar-Year Deductible</b> (includes pharmacy)		
 Employee only		\$1,600 <sup>1</sup>
Family (employee + one or more dependents)		\$4,500
<b>Out-of-Pocket Maximum</b>		
This is the maximum amount you pay for your share of covered expenses in a calendar year. It includes the deductible, coinsurance <sup>2</sup> and copays. It does not include prescription eyewear, Choose Generics penalties, expenses covered at 50% and non-covered expenses.		
Employee only		\$6,000
Family (employee + one or more dependents)		\$12,000 <sup>3</sup>
Lifetime maximum		Unlimited
<b>Health Incentives</b>		
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 <a href="https://www.nafhealthplans.com">NAFHealthPlans.com</a> > <b>Wellness &gt; Health Incentives Program</b> .		
<b>Hospital Precertification</b>		
Please see your Summary Plan Description (SPD) for details.		You must precertify any scheduled hospital stay. \$500 penalty for failure to precertify (penalty waived if you are overseas)
<b>Preventive Care</b> (Deductible is waived for preventive care services.)		<b>Plan pays</b>
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 <sup>4</sup>		100%, no deductible
Routine hearing exam (one per calendar year)		100%, no deductible
Hearing aids (\$3,000 maximum every 3 years) You are also eligible to use the Amplifon Hearing Health Care Discount Program.		75% after deductible

<sup>1</sup> The IRS sets minimum deductible amounts for qualified HDHPs requiring the employee-only deductible to increase from \$1,500 in 2023 to \$1,600 in 2024.

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

<sup>3</sup> In compliance with the Affordable Care Act, if one individual under family coverage has \$9,450 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.

<sup>4</sup> Covered codes are: V2020, V2100-2199, V2200-2299, V2300-2399, V2121, V2221, V2321.

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<b>Physician Services</b>	<b>Plan pays</b>
Office visits for treatment of illness or injury	75% after deductible
Walk-in clinic visit	75% after deductible
Diagnostic lab and X-ray	75% after deductible
Maternity care office visits	75% after deductible
In-office surgery	75% after deductible
Physician hospital visits	75% after deductible
Anesthesia	75% after deductible
Allergy testing, serum and injections	75% after deductible
Specialists (office visits)	75% after deductible
Second surgical opinion	100%, no deductible
<b>Hospital Services</b>	
Inpatient hospital room and board and ancillary services	75% after deductible
Inpatient and outpatient surgery	75% after deductible
Outpatient services	75% after deductible
Pre-operative testing	75%, no deductible
Other hospital services	75% after deductible
<b>Urgent and Emergency Care</b>	
Hospital emergency room	75% after deductible
Hospital emergency room for non-emergency care	50% after deductible
Urgent care facility	75% after deductible
Ambulance	75% after deductible
<b>Other Health Care</b>	
Convalescent facility (up to 90 days per calendar year)	75% after deductible
Home health care (up to 90 visits per calendar year)	75% after deductible
Private duty nursing (up to 70 eight-hour shifts per calendar year)	75% after deductible
Hospice (inpatient and outpatient)	100%, no deductible
Independent lab and X-ray facilities	75% after deductible
Voluntary sterilization	75% after deductible
Short-term rehabilitation (60-visit maximum per course of treatment)	75% after deductible
Habilitative physical therapy	75% after deductible
Habilitative occupational therapy	75% after deductible
Habilitative speech therapy	75% after deductible
Autism behavioral therapy (treated as outpatient mental health visits)	75% after deductible
Autism applied behavior analysis (covered same as any other outpatient mental health – all other)	75% after deductible
Autism physical therapy	75% after deductible
Autism occupational therapy	75% after deductible
Autism speech therapy	75% after deductible

### 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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Plan Provisions	Plan Benefits*
Durable medical equipment	75% after deductible
Spinal disorder (chiropractic) (20 visits per calendar year)	75% after deductible
Bariatric surgery	75% after deductible
<b>Mental Health Care</b>	
Inpatient (no maximum number of days)	75% after deductible
Outpatient (no maximum number of visits)	75% after deductible
Outpatient – all other <sup>5</sup> (no maximum number of visits)	75% after deductible
<b>Substance Abuse Treatment</b>	
Inpatient (no maximum number of days)	75% after deductible
Outpatient (no maximum number of visits)	75% after deductible
<b>Prescription Drug Benefits</b> (Formulary: Aetna Standard Plan for DoD)	<b>You pay</b>
Participating Retail Pharmacy Program (up to a 30-day supply) <sup>6</sup>	
• Tier One – Generic drugs	0% after deductible
• Tier Two – Preferred brand-name drugs	35% after deductible; \$75 maximum
• Tier Three – Non-preferred brand-name drugs <sup>7</sup>	50% after deductible; \$125 maximum
• Tier Four – Specialty drugs	50% after deductible; \$125 maximum
Maintenance Choice <sup>8</sup> : CVS Caremark <sup>®</sup> Mail Service Pharmacy or CVS Pharmacy <sup>®</sup> (a 31- to 90-day supply) <sup>6</sup>	
• Tier One – Generic drugs	0% after deductible
• Tier Two – Preferred brand-name drugs	35% after deductible; \$150 maximum
• Tier Three – Non-preferred brand-name drugs <sup>7</sup>	50% after deductible; \$250 maximum
Preventive Drug List (up to a 30-day supply)	
• Tier One – Generic drugs	Deductible waived; 0%
• Tier Two – Preferred brand-name drugs	Deductible waived; 35% with \$75 maximum
• Tier Three – Non-preferred brand-name drugs <sup>7</sup>	Deductible waived; 50% with \$125 maximum
Prescriptions purchased overseas	
• Generic drugs	Not applicable
• Brand-name drugs <sup>7</sup>	Not applicable
Smoking-cessation medications <sup>8</sup>	
• Tier One – Generic drugs	0% after deductible
• Tier Two – Preferred brand-name drugs	35% after deductible; \$75 maximum
• Tier Three – Non-preferred brand-name drugs <sup>7</sup>	50% after deductible; \$125 maximum
Anti-obesity medications (up to a 30-day supply) <sup>9</sup>	
• Tier One – Generic drugs	0% after deductible
• Tier Two – Preferred brand-name drugs	35% after deductible; \$75 maximum
• Tier Three – Non-preferred brand-name drugs <sup>7</sup>	50% after deductible; \$175 maximum

<sup>5</sup> 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).

<sup>6</sup> 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 > Health Benefits > Pharmacy Program](http://NAFHealthPlans.com > Health Benefits > Pharmacy Program).

<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> Learn more at [Aetna.com/products/rxnonmedicare/data/2014/MISC/antiobesity.html](http://Aetna.com/products/rxnonmedicare/data/2014/MISC/antiobesity.html).

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

# Aetna International Dental Plan

## Department of Defense Nonappropriated Fund Health Benefits Program

### Summary of Benefits effective January 1, 2024

Plan Provisions	Plan Benefits*
<b>Calendar-Year Deductible</b>	
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
<b>Preventive Care</b>	
<b>Plan pays</b>	
Routine oral exams and cleanings – two per calendar year <sup>1</sup>	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
<b>Basic Care</b>	
Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments	80% after deductible
<b>Restorative Care</b>	
Inlays, crowns, fixed bridgework, gold fillings	50% after deductible
<b>Oral Surgery</b>	
Services that are dental in nature	100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar-year maximum
<b>TMJ Treatment</b>	
Temporomandibular joint dysfunction	50%, no deductible \$750 lifetime maximum per person
<b>Orthodontia for Adults and Children</b>	
Includes TMJ appliances	50%, no deductible \$2,000 lifetime maximum per person
<b>Claim Filing</b>	
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 <sup>®</sup> dental network, the dentist will file your claim. You may be responsible for filing claims when care is provided by a non-participating dentist.	

<sup>1</sup> 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.

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

These charts show only a general description of your benefits under the DoD NAF Health Benefits Program. If there is a conflict between the benefits shown in the charts and those in the Summary Plan Description (SPD), the terms of the SPD will be used to determine coverage and benefits.

CCG DOD-0260 AI DENTAL (1/24)

NAFHealthPlans.com

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