Aetna International Traditional Choice® Indemnity Medical Plan
Department of Defense Nonappropriated Fund Health Benefits Program

Summary of Benefits effective January 1, 2024

Plan Provisions	Plan Benefits*
Calendar-Year Deductible	
Employee only	$600
Family (employee + one or more dependents)	$1,800
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, coinsurance[1] and copays. It does not include prescription eyewear, Choose Generics penalties, expenses covered at 50% and non-covered expenses.	
Employee only	$5,000
Family (employee + one or more dependents)	$10,000[2]
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 > Health Incentives Program**.	
Hospital Precertification	
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)
Preventive Care (Deductible is waived for preventive care services.)	**Plan pays**
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[3]	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.	80% after deductible

[1] *Coinsurance is the percentage of your covered expenses you pay after you meet the calendar-year deductible.*

[2] *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.*

[3] *Covered codes are: V2020, V2100-2199, V2200-2299, V2300-2399, V2121, V2221, V2321.*

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Physician Services	**Plan pays**
Office visits for treatment of illness or injury	80% after deductible
Walk-in clinic visit	80% after deductible
Diagnostic lab and X-ray	80% after deductible
Maternity care office visits	80% after deductible
In-office surgery	100% of first $1,000, no deductible; then 80% after deductible
Physician hospital visits	80% after deductible
Anesthesia	80% after deductible
Allergy testing, serum and injections	80% after deductible
Specialists (office visits)	80% after deductible
Second surgical opinion	100%, no deductible
Hospital Services	
Inpatient hospital room and board and ancillary services	80% after deductible
Inpatient and outpatient surgery	80% after deductible
Outpatient services	80% after deductible
Pre-operative testing	80%, no deductible
Other hospital services	80% after deductible
Urgent and Emergency Care	
Hospital emergency room	80% after deductible
Hospital emergency room for non-emergency care	50% after deductible
Urgent care facility	80% after deductible
Ambulance	80% after deductible
Other Health Care	
Convalescent facility (up to 90 days per calendar year)	80% after deductible
Home health care (up to 90 visits per calendar year)	80% after deductible
Private duty nursing (up to 70 eight-hour shifts per calendar year)	80% after deductible
Hospice (inpatient and outpatient)	100%, no deductible
Independent lab and X-ray facilities	80% after deductible
Voluntary sterilization	80% after deductible
Short-term rehabilitation (60-visit maximum per course of treatment)	80% after deductible
Habilitative physical therapy	80% after deductible
Habilitative occupational therapy	80% after deductible
Habilitative speech therapy	80% after deductible
Autism behavioral therapy (treated as outpatient mental health visits)	80% after deductible
Autism applied behavior analysis (covered same as any other outpatient mental health – all other)	80% after deductible
Autism physical therapy	80% after deductible
Autism occupational therapy	80% after deductible
Autism speech therapy	80% after deductible

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Plan Provisions	Plan Benefits*	
Durable medical equipment	80% after deductible	
Spinal disorder (chiropractic) (20 visits per calendar year)	80% after deductible	
Bariatric surgery	80% after deductible	
Mental Health Care		
Inpatient (no maximum number of days)	80% after deductible	
Outpatient (no maximum number of visits)	80% after deductible	
Outpatient – all other[4] (no maximum number of visits)	80% after deductible	
Substance Abuse Treatment		
Inpatient (no maximum number of days)	80% after deductible	
Outpatient (no maximum number of visits)	80% after deductible	
Prescription Drug Benefits (Formulary: Aetna Standard Plan for DoD)	**Participating Pharmacy You pay**	**Non-Participating Pharmacy You pay**
Participating Retail Pharmacy Program (up to a 30-day supply)[5]		
• Tier One – Generic drugs	$10 copay	Not covered
UPDATE • Tier Two – Preferred brand-name drugs	25% – The minimum you pay per prescription is $45; the maximum is $70.	Not covered
UPDATE • Tier Three – Non-preferred brand-name drugs[6]	35% – The minimum you pay per prescription is $75; the maximum is $200.	Not covered
• Tier Four – Specialty drugs	40% – The minimum you pay per prescription is $60; the maximum is $125.	Not covered
Maintenance Choice®: CVS Caremark® Mail Service Pharmacy or CVS Pharmacy® (for a 31- to 90-day supply)[5]		
• Tier One – Generic drugs	$20 copay	Not covered
UPDATE • Tier Two – Preferred brand-name drugs	25% – The minimum you pay per prescription is $90; the maximum is $140.	Not covered
UPDATE • Tier Three – Non-preferred brand-name drugs[6]	35% – The minimum you pay per prescription is $150; the maximum is $400.	Not covered
Prescriptions purchased overseas		
• Generic drugs	Not applicable	100% after deductible
• Brand-name drugs[6]	Not applicable	80% after deductible
Smoking-cessation medications 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 8 counseling sessions per calendar year.	0%, no copay	Not covered
Anti-obesity medications[7]	0% after applicable Tier Two or Tier Three copay	Not covered

[4] *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).*

[5] *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**.*

[6] *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 copay. 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.*

[7] *Learn more at **Aetna.com/products/rxnonmedicare/data/2014/MISC/antiobesity.html**.*

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

CCG DOD-0260 AI (1/24)

Aetna International Dental Plan

Department of Defense Nonappropriated Fund Health Benefits Program

Summary of Benefits effective January 1, 2024

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	**Plan pays**
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
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.*

* *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.

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