Preparing for Open Enrollment: November 2 – 27, 2015

Open Enrollment is your time to make health benefit choices. As you get ready to enroll or make changes, we encourage you to review your care and costs in the past year, and consider your health care needs going forward. Use the information in this newsletter and on www.nafhealthplans.com to help you make the best health care decisions for you and your family. The elections, changes and cancellations you make during Open Enrollment will take effect on January 1, 2016.

During Open Enrollment, you can:
- Join the DoD NAF Health Benefits Program (HBP). The plan available to you is based on your geographic location.
- Switch plans (if applicable).
- Add or remove eligible dependents. You also may make these changes during the plan year within 31 days of a qualified life event, such as marriage, divorce, birth or adoption. If you missed your 31-day eligibility window during the past year, Open Enrollment is the time to make your changes.
- Enroll in the health care and/or dependent care Flexible Spending Accounts (FSAs) offered by your DoD NAF employer. You must elect to participate in each FSA each year, and elect a new annual contribution amount. Don’t forget that you can roll over up to $500 of unused Health Care FSA funds into 2016! For more information, visit www.nafhealthplans.com.

Not making changes?
If you don’t need to make any changes to your current benefit elections, your current elections will carry over into 2016 — except FSA elections.

Health plan changes in 2016
By making changes and additions to your health plan each year, we are able to keep pace with ever-increasing costs while providing new benefits and services for your good health and convenience.

Know costs ahead of time and save: Learn about the new Choose Generics pharmacy program and how it can help you save money on your prescriptions. Avoid unnecessary out-of-pocket expenses by understanding the maximum allowable amount. Read on for more information about these programs.

What’s not changing: Deductibles, coinsurance and out-of-pocket maximum amounts for medical and dental will not change in 2016. Medical, dental and prescription copays will also remain the same.

For complete details about your plan, see the Summary of Benefits and Product Guides available at www.nafhealthplans.com.

Rollover does not apply to Air Force employees.
Medical and dental plan premiums
The chart below shows your 2016 bi-weekly premium contributions.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>$75.22</td>
<td>$75.71</td>
<td>$175.01</td>
<td>$189.28</td>
</tr>
<tr>
<td>Dental</td>
<td>$4.36</td>
<td>$4.26</td>
<td>$10.32</td>
<td>$10.66</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>$79.58</td>
<td>$79.97</td>
<td>$185.33</td>
<td>$199.94</td>
</tr>
<tr>
<td>Stand Alone Dental</td>
<td>$17.89</td>
<td>$18.44</td>
<td>$42.31</td>
<td>$43.62</td>
</tr>
</tbody>
</table>

2016 premiums for HMOs (if available) can be obtained by visiting your local NAF Human Resources Office or at www.nafhealthplans.com.

Aetna Open Choice® PPO will change to Aetna Choice® POS II
The Aetna Open Choice PPO plan will be replaced with the Aetna Choice POS II plan in 2016. The plan’s benefits and coverage will remain the same. With this change, member and the plan will enjoy more savings as a result of greater negotiated provider costs. How will this change affect you?

🌟 If you are enrolled in the Aetna Open Choice PPO plan, you will receive new Aetna ID cards in the mail for 2016. Make sure your DoD NAF employer has your correct mailing address on file.

🌟 When you use the public DocFind® search tool on www.aetna.com and you are asked to “select a plan,” you will choose Aetna Choice POS II under Aetna Open Access Plans.

Bariatric surgery benefit change
In 2016, this surgery will be covered the same as other medical services, once you’ve met the deductible. Benefits will be paid for in-network care only. Your share of expenses will apply toward the plan’s out-of-pocket maximum.

It’s important to know that bariatric surgery is covered only when it is medically necessary. Talk with your doctor to determine whether or not this surgery is right for you.

Mental health and substance abuse
In 2016, all day and visit limits for mental health and substance abuse will no longer apply.

Health Care Reform information for 2016
Beginning January 1, 2016, your employer is required to furnish a tax form for health care coverage for calendar year 2015 by January 31, 2016. Please go to the Health Care Reform section of www.nafhealthplans.com for additional information on this tax reporting and other Health Care Reform information that may affect you.
New ways to earn Health Incentive Credits in 2016

The current Health Incentive Credit program has been replaced with a new and improved program for 2016 where you’ll be able to earn $250 for employee only coverage and $600 for family coverage.

The Health Assessment: A requirement before you can earn

In 2016, you must complete the new Health Assessment first in order to earn any of the Health Incentive Credits. None of the other activities will earn credits until you have completed the assessment.

The Compass® Health Assessment is a new and improved questionnaire that takes just 10 minutes to complete. You answer questions about personal and family health history, lifestyle habits, recent health screening results and other health factors. Since this is a brand new assessment, you will need to complete it instead of just adding updates. Your previous answers will not be carried over.

To take the assessment, log in at www.aetna.com and click “I want to . . . Take a Health Assessment” on your home page.

What you can earn for healthy activities

The chart below shows the activities you can complete to earn credits to be applied to your out-of-pocket expenses.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Health Incentive Credit amount</th>
<th>Calendar year maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>You and your covered spouse/same sex domestic partner (SSDP) <strong>must</strong> complete the Health Assessment to earn any incentives. No other activities will earn an incentive until the assessment is completed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete metabolic syndrome screening before April 1, 2016</td>
<td>$150 each</td>
<td>$150 for employee only and $300 for employee and covered spouse/SSDP</td>
</tr>
<tr>
<td>Complete metabolic syndrome screening between April 1 and December 31, 2016</td>
<td>$100 each</td>
<td></td>
</tr>
<tr>
<td>Disease Management (DM) goal* – complete 3 calls with a DM nurse</td>
<td>$100 each</td>
<td></td>
</tr>
<tr>
<td>Complete online Journey® (average time 32 days)</td>
<td>$50 each up to 4 journeys</td>
<td>$200 for employee only or $400 for family</td>
</tr>
</tbody>
</table>

**Dependent children under age 18**

- Complete preventive exam for children under age 18
  - $50 for each child per year

For all activities, you can earn up to the calendar year maximum of **$250** for employee or **$600** for family.

*This program is not available to overseas employees.*
What is metabolic syndrome and why is it important?
Metabolic syndrome is a group of five risk factors that raise your risk of developing conditions such as heart disease and diabetes. A metabolic screening measures the following risk factors:

<table>
<thead>
<tr>
<th>Health factor</th>
<th>Increased risk if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>Greater than or equal to 130 over 85 mmHg*</td>
</tr>
<tr>
<td>Blood sugar or glucose</td>
<td>Greater than or equal to 100 mg/dL</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>Greater than or equal to 150 mg/dL</td>
</tr>
<tr>
<td>Central obesity (waist circumference)</td>
<td></td>
</tr>
</tbody>
</table>
  Women: Greater than 35 inches 
  Men: Greater than 40 inches |
| HDL cholesterol                | 
  Women: Below 50 mg/dL 
  Men: Below 40 mg/dL |

*If either the systolic (top number) or diastolic (bottom number) is out of range, the reading is considered a risk factor.

If you have three or more of the above risk factors, you may have metabolic syndrome. It is important to start working to reduce any risk factors you may have now in order to prevent a serious health condition, such as a heart attack or stroke. In many cases, these factors can be positively impacted by lifestyle changes, such as regular exercise and eating a healthy diet.

Metabolic syndrome screening — Earn up to $150 Health Incentive Credit (if completed by April 1, 2016; $100 after April 1, 2016)
Once you have had your screening, you will receive a report that explains your results. You can share this report with your doctor and use it to talk about ways to improve your results — and your health.

There is no cost to you for this important screening — this is a free service for all eligible employees and their covered spouses/same sex domestic partners (SSDPs). Visit the Wellness & Resources tab on www.nafhealthplans.com to learn more and watch for more details coming in January about onsite screening locations and registering for this important screening.

Practice prevention
Stay up to date on your health with preventive services covered at 100%. These include routine physical exams and health screenings such as mammograms and prostate cancer tests. Preventive care can catch problems in their early stages, when treatment is more effective and less costly.
Disease Management goal (complete 3 calls with a disease management nurse) — Earn a $100 Health Incentive Credit

If you or your covered spouse/SSDP live with one or more chronic medical conditions (such as asthma, diabetes, osteoporosis and others), help is available from Aetna’s disease management program. The program covers over 35 conditions and provides one-on-one support to help participants understand and follow treatment regimens, make healthy lifestyle changes and avoid health complications.

You’ll be matched with a disease management coach who will create an action plan and set goals for your path to better health. Complete 3 calls with a disease management nurse and you’ll earn a health incentive credit.

Online Journeys — Earn a $50 Health Incentive Credit for each Journey completed

Online Journeys are another part of the wellness program. When you complete the health assessment, you’ll get an action plan with recommended online health coaching programs. You can follow the programs at your own pace to lose weight, eat healthier, start an exercise program, manage stress or even get a better night’s sleep without medication.

Each program features “Journeys” that tailor tools and content to your particular needs and goals. The average time to complete a Journey is 32 days. You earn an incentive credit for each Journey completed (up to four Journeys total for employee and covered spouse/SSDP).

Well child exam — Earn a $50 Health Incentive Credit

In 2016, incentive credits will be awarded for preventive exams received by children under age 18 only.

How credits are applied

Health Incentive Credits are applied automatically to your deductible and coinsurance, but not to copay amounts. Any credits remaining at the end of the year roll over to the next plan year(s), for up to three years.
Choose Generics and save

Choose Generics is a benefit plan that encourages you and your prescribing doctor to choose generic drugs in order to save money. It focuses on Tier Three brand-name drugs that have a generic alternative. This program does not apply to Tier One, Tier Two or Tier Four specialty drugs. To get the lowest cost for your prescriptions, your health plan encourages you to use generic drugs when available. This will help you save money each time you fill a prescription.

You’ll pay more for brand drugs. If a generic drug is available and you choose the brand instead, you’ll pay the difference in actual cost between the brand and the generic plus the brand copay that applies.

Following are two examples of how much you’ll pay with the Choose Generics program.

<table>
<thead>
<tr>
<th>Treats cholesterol</th>
<th>Actual drug cost</th>
<th>Current copay*</th>
<th>Choose Generics (actual brand cost – actual generic cost + brand copay)</th>
<th>Choose Generics cost**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipitor® 20mg Brand</td>
<td>$274.82</td>
<td>$96.19</td>
<td>$274.82 - $9.41 + $96.19 = $361.60</td>
<td>$274.82</td>
</tr>
<tr>
<td>Atorvastatin Generic</td>
<td>$9.41</td>
<td>$10.00</td>
<td>$9.41</td>
<td>$9.41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treats fluid retention in people with congestive heart failure, liver disease or a kidney disorder</th>
<th>Actual drug cost</th>
<th>Current copay*</th>
<th>Choose Generics (actual brand cost – actual generic cost + brand copay)</th>
<th>Choose Generics cost**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lasix® 40mg Brand</td>
<td>$73.09</td>
<td>$25.58</td>
<td>$73.09 - $13.78 + $60.00 = $119.31</td>
<td>$73.09</td>
</tr>
<tr>
<td>Furosemide Generic</td>
<td>$13.78</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

*Current copay for generic is $10 or actual cost of drug if less, up to a 30-day supply. Current copay for Tier Three Brand is 35% of actual cost of drug with $60 minimum and $125 maximum.

**You will never pay more than the actual cost of the brand.

Note: Actual cost of any single medication varies by dosage, geographic area and by retail pharmacy. These examples are based on the San Antonio, Texas area.

If you do choose to fill with a brand-name drug, you won’t pay more than the actual cost of the drug like in the example above. Remember that if you choose a brand drug, any amount that you pay toward the difference between the brand cost and generic cost is NOT applied to your plan’s annual out-of-pocket maximum.

If there is a medical need for a brand-name drug, the prescribing doctor can ask for a medical exception and provide the required documentation to avoid the copay “penalty.” If this applies to you, your prescribing doctor can contact Aetna beginning January 1, 2016 for a medical exception.

Price-A-Drug℠ is an online tool that lets you get cost estimates on prescription drugs, see cost-saving alternatives, learn more about your medications and find out about any coverage limitations that apply. To use the tool, log in at www.aetna.com and click the Aetna Pharmacy tab at the top of your home page. Then click the link to “Get drug prices.” Please note: Price-A-Drug does not calculate or show the “penalty” if you choose to fill a brand-name drug.

Talk to your doctor or pharmacist. Ask if the brand medication you take has a generic equivalent. You can also visit www.fda.gov and select Drugs>Resources for You>Consumers for up-to-date information on prescription drugs.

For more information about the Choose Generics program, visit the Wellness & Resources tab on www.nafhealthplans.com.

Compounded medications

In 2016, compounded medications that contain bulk ingredients will not be covered under your pharmacy plan. Since some compound medicines contain bulk ingredients that have not been approved by the U.S. Food and Drug Administration, these medicines will no longer be covered. Let your doctor know about this change.
Know before you go to avoid paying more

**Maximum allowable amount:** These are standard prices for certain outpatient services. These price limits apply to facility costs for procedures that include colonoscopies and endoscopies, CT scans and MRIs, hernia surgeries, tonsillectomies, cataract surgeries and others. When you have one of these procedures, the plan pays up to the maximum allowable amount toward facility costs for the service. You pay any facility costs above this amount.

**Here’s an example:**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Facility cost of routine colonoscopy</th>
<th>Maximum allowable amount</th>
<th>Member cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility A</td>
<td>$2,000</td>
<td>$1,500</td>
<td>$500</td>
</tr>
<tr>
<td>Facility B</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$0</td>
</tr>
</tbody>
</table>

In the example above, the member has a choice of scheduling a routine colonoscopy (which is covered at 100%) at Facility A or Facility B. If he selects Facility A, he will be responsible for an out-of-pocket expense of $500 since that facility charges $500 more than the maximum allowable amount. However, if he selects Facility B, he can avoid an out-of-pocket cost and pay nothing. Aetna maintains a complete list of outpatient procedures and their maximum allowable amounts on Aetna Navigator. To see the list, log in at [www.aetna.com](http://www.aetna.com) and click “I want to . . . View Deductibles & Plan Limits.” Scroll to the bottom of the page and look for the Maximum Allowable Amount box.

**Member Payment Estimator:** A tool to get a personalized cost estimate for common procedures, including those with a maximum allowable amount. Log in at [www.aetna.com](http://www.aetna.com) and look for the Member Payment Estimator link in the Cost of Care box on your home page. Or, if you prefer to speak to someone, call Member Services at 1-800-367-6276.

Maintaining a healthy weight is central to good health. Remember your plan covers certain anti-obesity drugs at the applicable pharmacy tier. Some examples are Belviq (Lorcaserin) and Qsymia (Phentermine/topiramate ER). Talk to your doctor to see if these medications are right for you.