



2025 NEXCOM MEDICAL PLAN COMPARISON - In-Network Provisions Only
Anthem VA, AETNA POS II, AETNA HDHP
Changes in red from the current plan

PLAN DESIGN	Anthem VA	Aetna Choice POS II In-Network	Aetna HDHP In-Network
Deductible Individual/Family	Individual: \$750 Family: \$1,500	Individual: \$600 Family: \$1,800	Individual: \$1,650 Family: \$4,950
Out-of-Pocket Max Individual/Family	Individual: \$5,000 Family: \$10,000	Individual: \$5,000 Family: \$10,000	Individual: \$6,000 Family: \$12,000
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	\$30 (\$20 for preferred PCP)	\$40	Covered at 75% after deductible
Office Visit Specialist	\$50	\$60	Covered at 75% after deductible
Eye Exam & Materials (Adult) <i>See Benefit Summary for Pediatric Benefit</i>	One exam per calendar year – \$15 copay; \$150 frame allowance every 12 months, refer to vision summary for all benefits	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 75% after deductible
Outpatient Surgery	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 75% after deductible
Diagnostic lab and X-ray <i>*LabCorp & Quest are in-network providers for Aetna</i>	If billed as part of an office visit – 100% (no copay), Covered at 80% after deductible for office X-ray and Outpatient hospital setting lab/X-ray	If billed as part of an office visit – 100% (no copay); separate office visit – 100% after \$40 PCP/\$60 Specialist; independent facility – 80% after deductible	Covered at 75% after deductible
Emergency Room	Covered at 80% after deductible	Covered at 80% after \$500 copay, no deductible (waived if admitted) for medical emergencies	Covered at 75% after deductible (medical emergencies)
Urgent Care	\$50 copay	\$40 copay	Covered at 75% after deductible
Prescriptions 30 day Supply	Tier 1: \$15 Tier 2: \$50 Tier 3: \$85 Tier 4: 20% max of \$300 for Specialty drugs (Essential Drug List)	Tier 1: \$10 Tier 2: 25% min/\$45 max \$70 Tier 3: 35% min/\$75 max \$200 Tier 4: 40% min/\$60 max \$125 (Standard Formulary)	After deductible: Tier 1: \$0 Tier 2: 35% \$75 max Tier 3: 50% \$125 max Tier 4: 50% \$125 max (Standard Formulary)
Prescriptions Mail Order (90 day Supply)	Tier 1: \$30 Tier 2: \$125 Tier 3: \$213 Tier 4: N/A see 30 day supply (Essential Drug List)	Tier 1: \$20 Tier 2: 25% min/\$90 max \$140 Tier 3 35% min/\$150 max\$ 400 (Standard Formulary) CVS Caremark Mail Service	After deductible: Tier 1: \$0 Tier 2: 35% \$150 max Tier 3: 50% \$250 max (Standard Formulary) CVS Caremark Mail Service <i>*See plan material for Preventive Drug detail</i>

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 Benefits > Medical & Dental, or contact your local Human Resources representative for HMO enrollment packets.



2025 Bi-weekly Premiums

HMO Tier	Anthem VA	Aetna Tier	Aetna POS II	Aetna HDHP
Employee Only	\$199.57	Employee Only	\$120.52	\$92.71
Employee + One	\$397.11	Employee + Child(ren)	\$232.60	\$178.93
Employee + Family	\$622.83	Employee + Spouse	\$278.40	\$214.15
		Employee + Family	\$368.79	\$283.68

Enrollment Dates for 2025 Plan year

Open Enrollment: November 1 – 30th, 2024

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

Learn more about your medical/dental benefit plans. 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

www.virtualfairhub.com/Nexcom/



Alex: Virtual Benefits Counselor

<https://start.myalex.com/nexcom>



DoD Website

www.nafhealthplans.com



NEXCOM HUB

Follow this path:

Hub > Code H > My Benefits > 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 Anthem VA at 833-592-9956. 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.