



## 2025 MEDICAL PLAN COMPARISON – In-Network Provisions Only Aetna International & Aetna International - HDHP

*Changes in red from the current plan*

PLAN DESIGN	Aetna International	Aetna International - HDHP In-Network
<b>Deductible</b> Individual/Family	Individual: \$600 Family: \$1,800	Individual: \$1,650 Family: \$4,950
<b>Out-of-Pocket Max</b> Individual/Family	Individual: \$5,000 Family: \$10,000	Individual: \$6,000 Family: \$12,000
<b>Rx Out-of-Pocket Max</b>	Included above	Included above
<b>Office Visit</b> Preventive Care	Covered at 100%	Covered at 100%
<b>Office Visit</b> PCP	\$40	Covered at 75% after deductible
<b>Office Visit</b> Specialist	\$60	Covered at 75% after deductible
<b>Eye Exam &amp; Materials (Adult)</b> <i>See Benefit Summary for Pediatric Benefit</i>	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
<b>Inpatient Hospital</b>	Covered at 80% after deductible plus \$200 per confinement fee	Covered at 75% after deductible
<b>Outpatient Surgery</b>	Covered at 80% after deductible	Covered at 75% after deductible
<b>Diagnostic lab and X-ray</b> <i>*LabCorp &amp; Quest are in-network providers for Aetna</i>	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
<b>Emergency Room</b>	Covered at 80% after \$500 copay, no deductible (waived if admitted) for medical emergencies	Covered at 75% after deductible (medical emergencies)
<b>Urgent Care</b>	\$40 copay	Covered at 75% after deductible
<b>Prescriptions</b> 30 day Supply	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)
<b>Prescriptions</b> Mail Order (90 day Supply)	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 *See plan material for Preventive Drug detail

***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](http://www.nafhealthplans.com), the NEXCOM HUB at Code H > My Benefits > Medical & Dental, or contact your local Human Resources representative.***



## 2025 Bi-weekly Premiums

Aetna Tier	Aetna International	Aetna International HDHP
Employee Only	\$88.83	\$68.33
Employee + Child(ren)	\$171.44	\$131.88
Employee + Spouse	\$205.20	\$157.84
Employee + Family	\$271.82	\$209.09

### Enrollment Dates for 2025 Plan year

Open Enrollment: November 1 – 30<sup>th</sup>, 2024

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

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#### Virtual Benefits Fair

[www.virtualfairhub.com/Nexcom/](http://www.virtualfairhub.com/Nexcom/)



#### Alex: Virtual Benefits Counselor

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



#### DoD Website

[www.nafhealthplans.com](http://www.nafhealthplans.com)



#### NEXCOM HUB

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