



**2025 NEXCOM MEDICAL PLAN COMPARISON - In-Network Provisions Only**  
**KAI SER CALIFORNIA, HEALTH NET CALIFORNIA, AETNA POS II , AETNA HDHP**  
*Changes in red from the current plan*

PLAN DESIGN	Kaiser California	Health Net California	Aetna Choice POS II In-Network	Aetna HDHP In-Network
<b>Deductible</b> Individual/Family	Individual: \$500 Family: \$1,000	Individual: \$0 Family: \$0	Individual: \$600 Family: \$1,800	<b>Individual: \$1,650</b> <b>Family: \$4,950</b>
<b>Out-of-Pocket Max</b> Individual/Family	Individual: \$4,000 Family: \$8,000	Individual: \$3,000 Family: \$9,000	Individual: \$5,000 Family: \$10,000	Individual: \$6,000 Family: \$12,000
<b>Rx Out-of-Pocket Max</b>	Included above	Individual: \$1,000 Family: \$3,000	Included above	Included above
<b>Office Visit</b> Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Office Visit</b> PCP	\$30	\$30	\$40	Covered at 75% after deductible
<b>Office Visit</b> Specialist	\$50	\$50	\$60	Covered at 75% after deductible
<b>Eye Exam &amp; Materials (Adult)</b> <i>See Benefit Summary for Pediatric Benefit</i>	Annual preventive eye exam covered at 100% no copay; \$150 materials allowance every 24 months	Annual preventive eye exam covered at 100% no copay; \$120 frame allowance every 24 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
<b>Inpatient Hospital</b>	Covered at 80% after deductible	\$500 per admission	<b>Covered at 80%</b> after deductible plus \$200 per confinement fee	Covered at 75% after deductible
<b>Outpatient Surgery</b>	Covered at 80% after deductible	\$350 copay	<b>Covered at 80%</b> 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>	Covered at 100% (preventive) \$10 copay for most x-rays and lab tests after deductible	Covered at 100% (requires a referral)	If billed as part of an office visit – 100% (no copay); separate office visit – 100% after \$40 PCP/\$60 Specialist; independent facility – <b>80% after deductible</b>	Covered at 75% after deductible
<b>Emergency Room</b>	Covered at 80% after deductible	\$250 copay	<b>Covered at 80%</b> after \$500 copay, no deductible (waived if admitted) for medical emergencies	Covered at 75% after deductible (medical emergencies)
<b>Urgent Care</b>	\$30 copay	\$75 copay (Medical)	\$40 copay	Covered at 75% after deductible
<b>Prescriptions</b> 30 day Supply	Generic: \$15 Brand: \$35 Specialty: 20% max \$250	Generic: \$10 Preferred Brand: \$35 Non-Preferred Brand: \$65 Specialty: 20% max \$225	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)	Generic: \$30 Brand: \$70 Specialty: N/A	Generic: \$20 Preferred Brand: \$70 Non-Preferred Brand: \$130 Specialty: N/A	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](http://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	Kaiser CA	HealthNet CA	Aetna Tier	Aetna POS II	Aetna HDHP
Employee Only	\$113.64	\$146.25	Employee Only	\$120.52	\$92.71
Employee + One	\$227.27	\$307.13	Employee + Child(ren)	\$232.60	\$178.93
Employee + Family	\$321.59	\$450.60	Employee + Spouse	\$278.40	\$214.15
			Employee + Family	\$368.79	\$283.68

**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

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/](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

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 Kaiser California at 1-800-278-3296 or Health Net CA at 1-800-522-0088. 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.