



2022 MEDICAL PLAN COMPARISON – In-Network Provisions Only
KAISER HI, HMSA HI, AETNA POS, AETNA HDHP
Changes in red

PLAN DESIGN	Kaiser Hawaii	HMSA	Aetna Choice POS II In-Network	Aetna HDHP In-Network
Deductible Individual/Family	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$500 Family: \$1,500	Individual: \$1,500 Family: \$4,500
Out-of-Pocket Max Individual/Family	Individual: \$2,500 Family: \$7,500	Individual: \$2,500 Family: \$7,500	Individual: \$4,000 Family: \$8,000	Individual: \$6,000 Family: \$12,000
Rx Out-of-Pocket Max	Included above	Individual: \$3,600 Family: \$4,200	Included above	Included above
Office Visit Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Office Visit PCP	\$15	\$20	\$40	Covered at 75% after deductible
Office Visit Specialist	\$15	\$20	\$60	Covered at 75% after deductible
Eye Exam & Materials (Adult) <i>See Benefit Summary for Pediatric Benefit</i>	\$15 exam; once every 12 months; \$150 vision materials allowance once every calendar year	\$20 exam; once every 12 months; materials available at applicable copays as listed in certificate	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%	Covered at 80%	Covered at 90% after deductible plus \$200 per confinement fee	Covered at 75% after deductible
Outpatient Surgery	Covered at 80% outpatient/ambulatory surgery center	Covered at 80% after \$20 copay for physician services	Covered at 90% after deductible	Covered at 75% after deductible
Diagnostic lab and X-ray <i>*LabCorp & Quest are in-network providers for Aetna</i>	\$15 copay for Basic Lab/Imaging Specialty Lab/Imaging covered at 80%	\$20 copay for X-ray and blood work (outpatient) Diagnostic test covered at 80% (outpatient)	If billed as part of an office visit – 100% (no copay); separate office visit – 100% after \$40 PCP/\$60 Specialist; independent facility – 90% after deductible	Covered at 75% after deductible
Emergency Room	Covered at 80%	Covered at 80%	Covered at 90% after \$350 copay (waived if admitted) for medical emergencies	Covered at 75% after deductible (medical emergencies)
Urgent Care	\$15 copay	\$20 copay	\$40 copay	Covered at 75% after deductible
Prescriptions (30 day Supply)	Generic Maintenance: \$3 Other Generics: \$15 Brand: \$50 Specialty: \$200	Tier 1: \$7 Tier 2: \$30 Tier 3: \$75 Tier 4: \$100 Tier 5: \$200	Tier 1: \$10 Tier 2: \$35 Tier 3: 35% min/\$60 max \$125 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)	Generic Maintenance: \$6 Other Generics: \$30 Brand: \$100 Specialty: \$400	Tier 1: \$11 Tier 2: \$65 Tier 3: \$200 Tier 4: Not Covered Tier 5: Not Covered	Tier 1: \$20 Tier 2: \$70 Tier 3: 35% min/\$120 max/\$250 (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

Open Enrollment: November 1 – 30, 2021

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.



2022 Bi-weekly Premiums

Full-time Associates

Tier	Kaiser Hawaii	Tier	HMSA	Tier	Aetna POS II	Tier	Aetna HDHP
Employee Only	\$94.06	Employee Only	\$95.21	Employee Only	\$103.12	Employee Only	\$79.33
Employee + One	\$188.11	Employee + One	\$190.42	Employee + Child(ren)	\$199.03	Employee + Child(ren)	\$153.11
Employee + Family	\$282.17	Employee + Family	\$285.62	Employee + Spouse	\$238.22	Employee + Spouse	\$183.25
				Employee + Family	\$315.57	Employee + Family	\$242.74

Part-time Associates

Tier	Kaiser Hawaii	Tier	HMSA	Tier	Aetna POS II	Tier	Aetna HDHP
Employee Only	\$80.62	Employee Only	\$81.61	Employee Only	\$103.12	Employee Only	\$79.33
Employee + One	\$349.36	Employee + One	\$353.63	Employee + Child(ren)	\$199.03	Employee + Child(ren)	\$153.11
Employee + Family	\$618.09	Employee + Family	\$625.65	Employee + Spouse	\$238.22	Employee + Spouse	\$183.25
				Employee + Family	\$315.57	Employee + Family	\$242.74

Let Alex® help with your enrollment decisions

There's a lot to consider as you make your enrollment decisions. With Alex, you've got help. Alex is your interactive benefits counselor—smart, friendly and easy to use. Just provide some basic information and Alex will walk you through your plan options for medical, dental—Flexible Spending Accounts and Health Savings Accounts, too!



You'll find a link to Alex on www.nafhealthplans.com. Go to the NAF Enrollment tab and select NEXCOM. Meet Alex in the middle of the page!

During Open Enrollment, you can:

- Enroll you and your dependents in a health plan
- Switch plans
- Cancel coverage for 2022
- Add or remove dependents
- Waive coverage
- Elect to enroll or re-enroll in a Flexible Spending Account (FSA),* or enroll in the Health Savings Account (HSA) for employees opting into the HDHP option
- Enroll or re-enroll in the Dependent Care Flexible Spending Account (DFSA)
- Enroll in Stand Alone Dental provided you are not enrolled in a NEXCOM sponsored medical plan

* Available to everyone, except for those enrolling/enrolled in the HDHP.

To learn more about the medical/dental/pre-tax savings accounts offered by NEXCOM, log on to www.nafhealthplans.com, www.myNavyExchange.com/ARC, <http://benefitsfair.online/NEXCOM>, contact your local Human Resources representative or call Rosie Serrano, NEXCOM Code HB at 757-502-7526.

Important Notes

- Effective January 1, 2022.
- Associates desiring to enroll in or change medical plan coverage during open enrollment must submit enrollment forms and supporting documentation for dependents* (if applicable) to your local Human Resources representative by November 30, 2021. New enrollees and associates switching from Kaiser HI or HMSA to Aetna must provide supporting documentation for all dependents (e.g., copy of birth certificate for child).

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 HMSA at 1-800-776-4672 or Kaiser HI at 1-808-432-5955. 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.