



Department of Defense
Nonappropriated Fund
Health Benefits Program

DoD NAF Health Benefits Program

Aetna Choice[®] POS II Plan

Product guide for 2016



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Your Life, Your Health

The Department of Defense (DoD) Nonappropriated Fund (NAF) employers are pleased to offer you and your family a program of health benefits that includes medical, prescription drug and dental coverage.

Nothing makes life easier and more enjoyable than good health. This is why your DoD NAF Health Benefits Program does more than just pay medical bills. It provides services and programs to help you stay well, prevent problems and enjoy a better quality of life. In this guide, you'll find information about online services and wellness programs designed with your good health and convenience in mind.

In addition to this guide, more information can be found on the DoD NAF benefits website at www.nafhealthplans.com (for active employees) or www.nafhealthplans.com/retiree (for retirees).

This is an especially important resource that puts benefits information and enrollment tools and instructions in one convenient place. Here you will find product brochures and benefit summaries that detail your medical and dental benefits, and information about Flexible Spending Accounts. The site also features a section dedicated to Health Care Reform (HCR) where you will find all required notices (including the Summary of Benefits and Coverage statements), plus news about HCR-related changes to your coverage. Visit the *Wellness & Resources* section for information about Health Incentive Credits and other programs that will help you understand the cost of care and make informed decisions to help save you money. Information is added as it becomes available, so be sure to check the site from time to time for the latest updates.

The DoD NAF benefits website is also where you'll find materials specific to your employer, such as contact information, forms and other documents. As updates to these references become available, they will be posted to the site.

Questions?

If you need help or information, call Aetna Member Services at 1-800-367-6276.



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Medical Benefits

Your DoD NAF Health Benefits Program (HBP) provides medical benefits through the Aetna Choice POS II Plan. This is a preferred provider organization plan that gives you the freedom to receive care from any licensed health care provider and the opportunity to save when you use *preferred providers* (doctors and other health care providers who belong to the Aetna network).

The Choice POS II Plan

The Choice POS II Plan makes it easy to get the quality health care services you and your family need. When you use preferred providers, there are no claim forms to complete and no precertification process for you to initiate. In addition, plan benefits are based on special negotiated rates rather than recognized charges.

About the Aetna Network and Preferred Benefits

Choice POS II is a network plan, which means you get the highest level of benefits when you choose doctors, hospitals and other health care providers who belong to the Aetna network. A broad range of medical specialties and services is available within the network so you and your family can get the care you need.

Because preferred providers deliver health care services at special negotiated rates, you pay less for your care. All doctors and hospitals are screened before they are admitted to the network, and monitored on an ongoing basis once they are in the network. Credentials and licenses are checked to make sure they are valid and current.

When You Need Care

Each time you seek medical attention you have a choice:

- **Visit preferred (in-network) providers** who belong to the Aetna network. You'll receive a higher level of benefits, and those benefits will be based on negotiated rates that are generally lower than those charged by non-preferred providers. Preferred providers will also file claims for you and take care of the plan's precertification requirement for hospital admissions.
- **Visit non-preferred (out-of-network) providers.** You'll receive a lower level of benefits, and those benefits will be based on the recognized charge for a given medical service in your area. The recognized charge amount is the prevailing rate for medical services in your community. You'll also be required to file your own claims and contact Aetna to initiate the precertification process for hospital admissions.

Choosing preferred providers means you'll receive preferred benefits and save money each time you need care. The Choice POS II network is large and comprehensive, which means you'll likely find that many of the doctors and other health care providers in your area already participate. To find preferred providers near you, use the DocFind® online provider directory at www.aetna.com. Turn to *Online Resources* on page 10 of this guide for more about DocFind.

You can also request a printed directory by calling Member Services at **1-800-367-6276**.

The Choice POS II Summary of Benefits chart, available at www.nafhealthplans.com, shows preferred (in-network) and non-preferred (out-of-network) benefits side by side.

What is Precertification?

Precertification is the advance review of a hospital admission to ensure that the setting and length of stay are appropriate to the diagnosis. Here's what you need to know:

- If your doctor recommends a hospital stay, the precertification process must be initiated by calling Member Services at least 14 days before you are admitted to the hospital. When you use a preferred provider, he or she will take care of this requirement for you. If you use a non-preferred provider, you need to take care of it yourself.
- If you use a non-preferred provider and you do not call Member Services to precertify a hospital admission, you will be required to pay a penalty of \$500. The penalty will apply each time you fail to precertify.
- The precertification requirement is waived for emergency admissions, hospital care received overseas and for those who have Medicare as their primary coverage.

Receiving Care Away from Home

Aetna maintains Choice POS II provider networks throughout the country that you may use. If you are out of your local network area on vacation or business, and you need non-emergency health care services, call Member Services. Ask the Aetna representative if you are in or near a network area. If so, you may use network providers and receive the preferred level of benefits. If you use non-network providers, your care will be covered at the non-preferred level of benefits. If you are traveling overseas, your covered expenses will be paid at the preferred level. For these situations, you will need to pay the bill at the time of service, then submit a claim form to Aetna to be reimbursed.

If your child is away at school or lives with another parent outside your home network, you should call Member Services and ask if there is a Choice POS II network at that location. If so, log in to DocFind to locate participating providers in that area. If your child's school or home is not in a Choice POS II network, ask Member Services if there is one nearby. If your child is willing to travel to see network providers, benefits will be paid at the preferred level.

If a network is not available where your child is living and he or she is not willing to travel to see network providers, your child's benefits will be paid at the Traditional Choice® Indemnity Plan level of benefits. Traditional Choice is offered to employees and retirees who live in an area where Choice POS II is not available. Under Traditional Choice, covered expenses are typically paid at 80% (based on recognized charges) after the deductible is met. To be recognized for covered expenses, you must submit a claim form to Aetna.

Important: You must let Member Services know about any dependent child who fits the category of benefits described above. The child’s eligibility must be identified as Traditional Choice within the claim system in order to receive this level of benefits.

In an Emergency

If you have a true medical emergency, go to the nearest hospital immediately to get the care you need. Then, call Member Services. Your benefits will be paid at 90% after a \$350 copay as long as it is a true emergency. If you are admitted to the hospital, you will not be required to pay the \$350. If you use a hospital emergency room and it’s not a true emergency, you must pay the \$350 copay as well as 50% of the cost of the services provided, after meeting the deductible.

A true emergency is a severe illness or accident that could lead to a serious risk to your health, or to death if not treated immediately. Examples include bleeding that will not stop, compound bone fractures, loss of consciousness, stroke and severe chest pains.

Sometimes you need urgent — not emergency — care. Sprains and fevers are examples of this situation. To avoid the high cost of using the emergency room for non-emergency care, you should call your network doctor and follow his or her instructions so your care will be covered at the preferred level.

Walk-in clinics and urgent care facilities are cost-effective alternatives when your problem is not an emergency, but you need quick medical attention. Your care is covered at 100% after a \$30 copay when you use an in-network facility. You can use DocFind to locate these providers in your area. For more about DocFind, turn to page 10.

Teladoc®

Teladoc is a service that lets you consult with primary care physicians (including pediatricians) by phone or video chat, 24/7 — for just a \$10 copay. Talk with a doctor who can provide treatment and prescribe medication for conditions such as colds and flu, allergies, bronchitis and more. Visit www.nafhealthplans.com for more information or call Teladoc at 1-800-835-2362.

Teladoc is not available to overseas employees and may not be available in all states.

Your Medical Plan ID Card

All DoD NAF employees, retirees and spouses/same sex domestic partners enrolled in the DoD NAF HBP will receive a new ID card in the mail. The cards will have copay information along with the names of all covered family members and the Member Services toll-free number on them. Keep your card handy and show it at the doctor’s office to let them know that you are enrolled in Choice POS II. Also, show it at participating pharmacies in the

United States to get preferred rates for prescription drugs (see page 7 for details). Pharmacy copays are listed on your ID card. If you don’t use participating pharmacies, you won’t have any coverage for prescriptions.

Sharing the Cost

You share in the cost of your care by meeting an annual deductible and paying coinsurance and copays.

The **annual deductible** is the amount you must pay out of your own pocket each year before the plan begins to pay benefits. After you meet the plan deductible, you and the plan share the cost of covered services. This arrangement is called **coinsurance**. The plan pays a percentage of the cost of covered services and you pay the balance.

For some services, such as emergency care, you may pay a flat fee, or **copay**.

Preventive care is covered at 100% when you use in-network providers.

Annual Deductible	Preferred Care (In-Network)	Non-Preferred Care (Out-of-Network)
Individual	\$500	\$1,500
Family of 2	\$1,000	\$3,000
Family of 3 or more	\$1,500	\$4,500

Each family member must meet his or her individual deductible. For a family of two, the deductible is met when each family member meets his or her individual deductible, or \$1,000. For families of three or more, the deductible limit is \$1,500.

Choice POS II has an **annual out-of-pocket maximum** that limits your expenses and protects you from the high cost of a serious illness or injury. Once your combined deductible, confinement fees, copays and coinsurance reach this annual limit, the plan pays 100% of your covered expenses for the remainder of the plan year.

Annual Out-of-Pocket Limit	Preferred Care (In-Network)	Non-Preferred Care (Out-of-Network)
Individual	\$3,000	\$6,000
Family of 2	\$6,000	\$12,000
Family of 3 or more	\$9,000	\$18,000

Each family member must meet his or her individual out-of-pocket limit. For a family of two, the out-of-pocket limit is met when each family member reaches his or her individual out-of-pocket limit, or \$6,000. For families of three or more, the maximum out-of-pocket limit is \$9,000.

Important: The out-of-pocket maximums include deductibles, coinsurance and copays. Prescription eyewear, expenses above maximum allowable amount, non-covered expenses and amounts above the recognized charge do not count toward your out-of-pocket maximums.

In-network expenses are applied to the in-network deductible only, and the same is true for out-of-network expenses. This means you will need to meet the full in-network deductible before benefits are paid for in-network care. Likewise, you must meet the full out-of-network deductible before benefits are paid for out-of-network care.

Please visit www.nafhealthplans.com (for active employees) or www.nafhealthplans.com/retiree (for retirees) to find detailed information about your medical benefits and coverage.

*The Choice POS II Medical Plan is administered by Aetna Life Insurance Company and is offered to eligible DoD NAF employees, retirees and dependents who have access to the Aetna Choice POS II network.

Ensure you don't pay more than you need to

- **Use Aetna's Member Payment Estimator tool.** This online tool provides personalized cost estimates for common procedures, including procedures that have a maximum allowable amount.

To use the Member Payment Estimator, log in at www.aetna.com, click on "Use Member Payment Estimator" in the Cost of Care box to see a list of facilities in your area that perform the procedure, and their cost. If there is a maximum allowable amount for the procedure, you'll see estimates that can perform the procedure at or below the maximum allowable amount.

Save Money with Quest

You can save money when you use Quest Diagnostics® and other affiliated labs for blood tests and other lab services. You'll pay even less than you would at an in-network lab. Visit www.nafhealthplans.com for a listing of affiliated labs.

Maximum allowable amount

The cost of medical procedures can vary from one facility to another — and while costs may vary widely, quality will not. To address these differences, Aetna has established a standard price called the **maximum allowable amount** for certain outpatient services. There is a maximum allowable amount for certain outpatient procedures, including but not limited to:

- Scope procedures (colonoscopy, endoscopy)
- CT scans and MRIs
- Hernia surgery
- Tonsillectomy
- Carpal tunnel surgery
- Cataract surgery, and more**

**To view a complete list of outpatient procedures and their maximum allowable amounts, log in at 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.

When you have one of these procedures, the plan will pay up to the maximum allowable amount toward facility costs for the service. You pay any facility costs above the maximum allowable amount.

Verify your facility costs do not exceed the maximum allowable amount before you schedule your procedure. Keep in mind that just because your physician refers you to a particular provider for an outpatient procedure that the cost may not necessarily be within the maximum allowable amount. Talk to your doctor and ask questions.

In the example below, the member has a choice of scheduling a routine colonoscopy (which is covered at 100% up to the maximum allowable amount) 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.

Contact Aetna Member Services at **1-800-367-6276** before scheduling your procedure to ensure that you understand what your costs will be. For more information about the maximum allowable amount, visit the *Wellness & Resources* tab at www.nafhealthplans.com.

	Facility cost of routine colonoscopy	Maximum allowable amount	Member cost
Facility A	\$2,000	\$1,500	\$500
Facility B	\$1,500	\$1,500	\$0

Stay Well with Choice POS II

The Choice POS II plan provides generous benefits for preventive care services, which can catch problems early and help you and your family stay well. The following routine services are covered at 100% with no copay and no deductible when you receive care from a preferred provider:

- Well-baby care, including doctor visits and immunizations
- One annual physical exam (including immunizations)
- One annual gynecological exam, including a Pap test and lab fees
- One annual mammogram for women age 35 and older
- Other preventive care services for women, including contraceptive drugs and devices, breastfeeding support, counseling for domestic violence and more
- One annual prostate screening for men age 40 and older
- One colonoscopy* every 10 years beginning at age 50
- One annual hearing exam and eye exam

Preventive care benefits are a valuable part of your health plan and an important step in staying healthy. We encourage you to visit your doctor for these important exams and screenings.

*Maximum allowable amount may apply.



Earn a Health Incentive Credit

Each year, you will be able to earn Health Incentive Credits as shown in the chart below:

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

Health Incentive Credit Program

The Health Assessment: A requirement before you can earn

You must complete the 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, which 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. To take the assessment, log in at www.aetna.com and click *I want to . . . Take a Health Assessment* on your home page.

Below provides additional information about each health incentive:

1) Metabolic syndrome and biometric screenings

Metabolic syndrome is a group of five risk factors that raise your risk of developing conditions such as heart disease and diabetes. A biometric screening measures the following risk factors:

Health factor	Increased risk if:
Blood pressure	Greater than or equal to 130 over 85 mmHg*
Blood sugar or glucose	Greater than or equal to 100 mg/dL
Triglycerides	Greater than or equal to 150 mg/dL
Central obesity (waist circumference)	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.

2) Metabolic syndrome screening results

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. You can earn a health incentive credit for completing your metabolic syndrome screening.

3) Disease management goal (complete 3 calls with a disease management nurse)

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.

4) Online Journeys

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).

5) Well child exam

An additional incentive credit(s) will be awarded for preventive exams received by children under age 18.

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.

Prescription Drug Benefits

When you enroll in the Choice POS II Plan, your prescription drugs will be covered under Aetna's Premier Plus Four Tier Pharmacy Plan. Under this plan, you can fill short-term prescriptions at participating retail pharmacies (up to a 30-day supply) and long-term prescriptions through the mail-order service (up to a 90-day supply).

The Four Tier Pharmacy Plan

Whether you visit a participating retail pharmacy or use the mail-order program, the amount you pay depends on the type of drug used to fill your prescription. As you can see in the chart to the right, your pharmacy plan has four levels, or tiers, of benefits.

- **Tier One:** You pay the least for generic drugs — a flat fee, or copay, of \$10 per prescription. Generic drugs are identified by their chemical names. For example, alendronate sodium is the generic equivalent of Fosamax, a brand-name drug. See *Why generics are a good idea* on the next page.
- **Tier Two:** You pay a \$35 copay per prescription for Tier Two (preferred) brand-name drugs on the plan's Preferred Drug List. See *The Preferred Drug List* on the page 9.
- **Tier Three:** For Tier Three medications, (non-preferred) brand-name drugs, you pay 35% of the price that has been negotiated for the drug with participating pharmacies, up to a maximum of \$125 per prescription at retail pharmacies and \$250 per prescription using the mail-order service.
- **Tier Four:** You pay the most for Tier Four specialty drugs. You pay 40% of the negotiated price. Aetna Specialty Pharmacy® fills prescriptions for specialty drugs.

Important: The plan does not cover prescription drugs purchased at non-participating pharmacies in the United States, the District of Columbia, Puerto Rico, Guam or the U.S. Virgin Islands.

Pharmacy Advisor®

Aetna's Pharmacy Advisor program gives you toll-free telephone access to pharmacists who can provide guidance on:

- Medication side effects or missed doses
- Questions to ask your doctor
- Staying on track with multiple medications
- Gaps in your treatment regimen

Your Pharmacy Advisor may also send you educational materials with more information related to your question or concern. To talk with a Pharmacy Advisor pharmacist, call toll-free at **1-877-418-4128**, Monday through Friday, 9 a.m. to 8 p.m., or Saturday 9 a.m. to 5:30 p.m., CT.

The chart shows how much you'll pay for prescription drugs:

Using a participating retail pharmacy:	Your cost for up to a 30-day supply:
Tier One – Generic drugs	\$10 copay per prescription
Tier Two – Preferred brand-name drugs	\$35 copay per prescription
Tier Three – Non-preferred brand-name drugs*	35% of negotiated price** The minimum you pay per prescription is \$60; maximum is \$125
Tier Four – Specialty drugs	40% of negotiated price** The minimum you pay per prescription is \$60; maximum is \$125

Using the mail-order program:	Your cost for a 31 – 90-day supply:***
Tier One – Generic drugs	\$20 copay per prescription
Tier Two – Preferred brand-name drugs	\$70 copay per prescription
Tier Three – Non-preferred brand-name drugs*	35% of negotiated price** The minimum you pay per prescription is \$120; maximum is \$250

*Your pharmacy will automatically fill your prescription with a generic drug, if one is available. Learn more about the Choose Generics Program on the next page.

**Participating pharmacies agree to charge discounted prices for prescriptions filled by Aetna members. Your share of Tier Three and Tier Four drug costs is a percentage of these discounted (or "negotiated") prices.

***For up to a 30-day supply through mail order, the retail copays listed above will apply.

Visit a Participating Retail Pharmacy

When you need to fill a short-term prescription, you can get up to a 30-day supply of medication at retail pharmacies that belong to the Aetna network (called participating pharmacies). Take your prescription and your Aetna medical ID card to any participating pharmacies located in the United States, Puerto Rico, Guam and the U.S. Virgin Islands. Depending on the type of drug prescribed, you pay your share of the cost in full at the time of purchase, as shown in the chart above. There's no need to complete a claim form.

To find a participating pharmacy near you, use the DocFind online provider directory at www.aetna.com (turn to *Online Resources* on page 10 in this guide for more about DocFind). Or, call Member Services for a listing of participating pharmacies.

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 if they have a generic alternative. 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.

		Actual drug cost	Current copay*	Choose Generics (actual brand cost – actual generic cost + brand copay)	Choose Generics cost**
Treats cholesterol					
Lipitor® 20mg	Brand	\$274.82	\$96.19	$\$274.82 - \$9.41 + \$96.19 = \361.60	\$274.82
Atorvastatin	Generic	\$9.41	\$10.00		\$9.41
Treats fluid retention in people with congestive heart failure, liver disease or a kidney disorder					
Lasix® 40mg	Brand	\$73.09	\$25.58	$\$73.09 - \$13.78 + \$60.00 = \119.31	\$73.09
Furosedmide	Generic	\$13.78	\$10.00		\$10.00

*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.

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.

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

Why generics are a good idea: When your doctor prescribes generic medications, you pay the lowest copay under the plan. It's important to know that generics have been approved by the FDA as safe and effective. They contain the same active ingredients in the same amounts as brand-name drugs, although they may be a different size, color or shape.

Migraine Management Program

If you're one of the millions of Americans who suffer from migraine headaches, you know their impact on your day-to-day life and well-being. The Migraine Management Program provides personalized support that includes educational materials and a diary that lets you record activities and patterns of headaches that you can discuss with your doctor. This program is available for members living in the United States.

Use the Aetna Rx Home Delivery® Program

Use Aetna's mail-order program to save on medications you need on a regular, long-term basis. You may order a 31 – 90-day supply and enjoy the convenience of home delivery. Shipping is free and the packaging is confidential. In addition, you'll pay less for your medications than you would at a participating retail pharmacy. You can order a 90-day supply of medication for what you would pay for a 60-day supply at a participating retail pharmacy.

If you have questions about your prescription, registered pharmacists are available to answer them 24 hours a day, 7 days a week. It's also good to know that mail-order pharmacies use the same quality and accuracy checks for prescriptions as participating retail pharmacies. For more information, visit Aetna Navigator at www.aetna.com or call (toll-free) **1-866-612-3862**.

*Aetna Enterprise Provider Database.

Estimate the Cost of Prescriptions Online

Aetna Navigator features Price-A-DrugSM, an online cost of care tool that allows you to:

- Estimate the cost of a prescription drug from a local retail pharmacy or the mail-order service.
- See if alternative drug choices, including generics, could save you money.
- Learn key facts about your medications, such as how they are used and any side effects.
- Find out if there are any coverage limitations for a certain drug.

To use Price-A-Drug, log in to Aetna Navigator and click the *Aetna Pharmacy* link at the top of your home page. On the Aetna Pharmacy Overview page, click the link to *Get drug prices*.

The Preferred Drug List

The Preferred Drug List shows the generic and brand-name drugs that are covered under your plan. This list is also called the "formulary." All drugs on the list were chosen based on quality and cost effectiveness.

For each drug on the list, you'll see which tier it belongs to in the Four Tier Pharmacy Plan. The chart on page 7 shows you what you will pay for the drugs in each of the plan's tiers.

If you are currently taking a brand-name drug, you can check the Preferred Drug List for your medication to see whether it is preferred (Tier Two), non-preferred (Tier Three) or specialty (Tier Four). The listing for your medication will also display the name(s) of the generic(s) that can be used as a substitute.

While not all brand-name drugs have a generic equivalent, many do. If a generic is available for the medication you're taking, talk with your doctor about switching to the generic drug so that the lower copay will apply to your prescription cost. If you are using a brand-name drug that does not have a generic equivalent, you may want to ask your doctor about switching to an equally effective alternative drug that does have a generic equivalent.

Tobacco Cessation Medications

If you're ready to quit using tobacco, your DoD NAF Health Benefits Program can help. The tobacco cessation benefit makes it easy for you to find and afford the combination of medication and counseling that works best for you. Benefits include full coverage (no copayments) for a 180-day supply of the following FDA-approved medications:

- Bupropion SR
- Nicotine inhaler
- Varenicline
- Nicotine gum
- Nicotine lozenges
- Nicotine patch
- Nicotine nasal spray

To take advantage of this benefit, you must obtain a prescription from your doctor. Your plan will cover eight smoking cessation counseling sessions per calendar year. For more information about pharmacy and counseling benefits for smoking cessation, call Aetna Member Services at **1-800-367-6276**.

Anti-Obesity Medications

Medications used to control weight, covered at their applicable pharmacy tier cost, are part of your DoD NAF HBP. Some examples include Belviq (Lorcaserin) and Qsymia (Phentermine/topiramate ER). Learn more about this category of drug at www.aetna.com/products/rxnonmedicare/data/2014/MISC/antiobesity.html.

Learn More About Your Rx Benefits

- Online: Log in to Aetna Navigator at www.aetna.com
- E-mail: Click *Contact Us* to e-mail Member Services from Aetna Navigator
- Telephone: Call Member Services at **1-800-367-6276**

Online Resources

As an Aetna member, you'll have access to the following online services:

Aetna Navigator

Once you've enrolled with Aetna, you can register to use Aetna Navigator, a secure member website that offers information to help you manage your health and benefits.

On Aetna Navigator, you'll have a personalized home page, plus access to:

- **DocFind**, the online provider directory listing the doctors, dentists, pharmacies, hospitals and other health care providers in the Aetna network.
- **Benefit information**, including a list of covered family members, claim information, and the care management, wellness and health-improvement programs included with the plan.
- **Pharmacy information**, including the Preferred Drug List and the Aetna Rx Home Delivery mail-order service.
- **Your Personal Health Record (PHR)**, an online medical record gathered from your claims, your health assessment and facts you provide on your own.
- **Cost of care tools**, online tools that let you research and compare costs before you receive care.

These tools include:

- **Member Payment Estimator**, which lets you search for and compare costs for common procedures, treatments and physician services. It factors in your medical plan details, to give you a real-time cost estimate based on your actual benefits.
- **Price-A-Drug**, which lets you compare medication costs and lower-priced alternatives.
- **Hospital Comparison Tool**, which lets you compare facilities in your area based on criteria, such as complication rates and length of stay.

To access these tools, look for the Cost of Care box on your Aetna Navigator home page. Log in at www.aetna.com.

- **Claim features and services** that let you check the status of a claim, find out about claim payments, view Explanation of Benefits (EOB) statements and ask for e-mail alerts when new information becomes available. You can e-mail Member Services with important information already filled in. You can download claim forms, too.
- **Self-service features** that let you take care of personal benefit business, such as printing a temporary ID card, downloading and printing standard Aetna forms, and updating personal information.

- **Reliable, up-to-date information** on health conditions and other related topics through the Healthwise® Knowledgebase wellness website.
- **Member Services**, through secure and confidential e-mail. You can e-mail Member Services with questions and requests, right from Aetna Navigator.

You'll also find more information about Aetna health and wellness programs and discounts on health-related products and services described on pages 12 through 16 of this guide.

Where to Start

There's a lot to see and do at Aetna Navigator. To get started, visit www.aetna.com and click on the *Log In/Register* link. Follow the prompts to register. Need help? Ann, the Aetna Virtual Assistant, provides personal responses to your questions about registering and logging in to Aetna Navigator.

DocFind

DocFind is an online provider directory, where you can search for doctors, hospitals and other providers both in and outside the Aetna network.

- Go to www.aetna.com.
- Scroll down or use the menu to click on *Find a Doctor*.
- If you are an Aetna member and registered with Aetna Navigator, you can log in. On your home page, click on *I want to . . . Find a Doctor, Dentist or Facility*.
- Once in DocFind, provide the geographic information requested to start your search.
- Choose a *Provider Category* and a *Provider Type*.
- If you are an Aetna member, under *Select a Plan*, scroll down to find *Aetna Open Access Plans* and select *Choice POS II®* for medical providers. For dental providers, select *Dental PPO/PDN*.

Once you've registered with Aetna Navigator, your plan name and ZIP code will be filled in automatically when you sign in and use DocFind.

For each doctor, DocFind provides information about his or her credentials and practice, including medical school attended, hospital affiliation(s), board certification, health plans accepted, languages spoken, office location and hours, and parking and handicap access. You can even get maps and driving directions to find a doctor's office.

You can also use DocFind through your Aetna Mobile app.

Important: DocFind is updated 6 days per week, so it contains the most current information available.

iTriage

iTriage® is a free mobile and web app that helps you navigate the complicated world of health care. With iTriage, you can:

- Look up symptoms and conditions using an interactive map of the human body
- Find the right doctors and services for your problem or condition
- Learn about medications
- Book appointments and get directions to a facility or doctor's office
- Look up hospital emergency room wait times.

You can use iTriage on your Apple® or Android™ mobile device. Get it *free* on Google Play™ or the App StoreSM.

Personal Health Record

The **Personal Health Record (PHR)** is an online service that provides a secure and confidential place for all your health information. Each time you have a new medical claim, it's automatically added to your PHR. You can add your own information too. You can even give permission for your doctor to see your PHR.

Your PHR also provides health alerts and reminders from MedQuery®, a health-monitoring system. MedQuery gathers information from your health PHR and compares your information to the latest medical knowledge. If it sees a chance to improve your care, it posts an alert on your PHR home page and sends an e-mail to notify you of the posting. Your doctor also receives an alert by telephone or fax.

To find your PHR, visit www.aetna.com and log in to Aetna Navigator.

All information in your PHR is **kept secure and confidential**. It is **never** shared with your DoD NAF employer. Only you can see the information in your PHR, unless you decide to let your doctor see it as well.

PatientsLikeMe®

PatientsLikeMe combines social networking (with over 240,000 members) and the latest research-based information to help Aetna members improve how they live with various health conditions.

To get started with this free app, look for the link to PatientsLikeMe on your Navigator home page.

Your privacy is protected. Any personal information you share as part of this program is kept secure and confidential.

Go Mobile with Aetna

With Aetna Mobile you can use any web-enabled mobile device to view health plan information whenever and wherever you want. The free app lets you find in-network doctors, check prescription costs and much more. The app works with Apple and Android mobile devices. To download, text "Apps" to 23862,* or visit www.aetna.com/mobile.

You can also use the free Aetna International Provider Directory App to search Aetna's international network of 100,000 health care providers. The app gives you address and contact information, lets you see providers on a map and calculates the distance to the office or facility. To download, visit the App Store or Google Play from your device and search "Aetna."

*Standard text messaging rates may apply.



Health and Wellness Programs

When you enroll in Choice POS II, you and your family can take advantage of special programs that help you live healthier.

Simple Steps To A Healthier Life®

Simple Steps To A Healthier Life is an online wellness program that gives you information, tools and guidance to improve your diet, get in shape, cope with stress and learn about ways to enjoy better health at all stages of life. Here's how it works:

Step 1 — Complete the Health Assessment

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 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.

Remember, your answers to the health assessment aren't set in stone. You can go back whenever you like to update and add information. For example, you can add your most recent blood pressure, cholesterol and other test results. When you do, you'll receive an updated program plan based on your current needs.

It's Secure and Confidential

Any information you provide as part of the Simple Steps To A Healthier Life program is kept strictly confidential and is **not** shared with your DoD NAF employer. To access the health assessment, go to www.aetna.com and log in to Aetna Navigator. Look for *I want to . . . Take a Health Assessment* on the left side of your home page.

Step 2 — Receive a Personalized Health Report and Action Plan

Based on your answers to the health assessment, you will receive recommendations and an action plan based on your unique needs. You can choose to participate in that program or any of the other available online interactive wellness programs. The best part is you decide how you want to proceed, and you work through the programs at your own pace.

Step 3 — Use the Online Wellness Journeys to Reach Your Goals

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.

Earn a \$50 Health Incentive Credit for online Journeys

When you complete one online Journey, a \$50 Health Incentive Credit will be applied to your deductible or coinsurance expenses.* You can earn an Incentive Credit for up to four Journeys.

*Credit does not apply to copay amounts.



Aetna Health ConnectionsSM Disease Management Program

If you're living with one or more continuing health conditions, your Aetna plan can help. The Aetna Health Connections program provides information and counseling from nurses trained in more than 35 different diseases and conditions, including diabetes, asthma, back pain, osteoporosis and cystic fibrosis.

Living well with a chronic condition often means embracing a lifestyle change — which isn't always easy. Aetna nurses can help you manage your disease by helping you better understand your condition and your doctor-prescribed treatment plan. Through telephone calls from trained, experienced nurses, the program provides caring outreach and personal attention.

If you have a chronic condition, a program nurse will contact you to invite you to participate. If you accept, your nurse consultant will work with you to develop a personal action plan to help you manage your condition and address your unique health needs. Your plan will incorporate the latest information on your condition, provide one-on-one counseling and, if needed, it may involve the services of other clinical professionals, such as nutritionists, weight-loss counselors and pharmacists.

Earn a \$100 Health Incentive Credit

When you complete 3 calls with a disease management nurse, a \$100 Health Incentive Credit will be applied to your deductible or coinsurance expenses.*

**Credit does not apply to copay amounts.*

Your Privacy is Protected

An important thing to keep in mind about all these services is that they're confidential. The information you exchange with Aetna nurses is kept secure and confidential and is not shared with your DoD NAF employer. The program is voluntary, so you have the option to participate — or not. Remember, it's about you and your good health.

Another point to remember is that the information and advice the Aetna nurse provides are not a substitute for the continuing care and services of your doctor. The idea is to provide support and information that help you better understand and follow your doctor's advice and treatment.

Why Participate in Aetna Health Connections?

- It offers personalized help, information and advice from a trained medical professional
- It's secure and confidential
- It's available to you at no extra cost
- It provides support for more than 35 conditions

If an Aetna nurse contacts you, we hope you'll take advantage of all he or she has to offer. Think of it as having your own health consultant — a knowledgeable medical professional with answers, ideas and advice you can put into action every day.

If you're living with one or more chronic conditions (or believe you may be at risk), you can call Aetna at **1-866-269-4500** to learn more about the personal help that is available to you, and get started with the program. You can also submit a request through Aetna Navigator at www.aetna.com.

24/7 Nurse Line: 1-800-556-1555

Informed Health[®] Line is a toll-free number you can call anytime — 24 hours a day, 7 days a week, 365 days a year — for answers to health-related questions and information to help you make sound decisions and choices.

Call the Informed Health Line to Talk With a Nurse

When you have a health question or concern or a health-related decision to make, you can call the Informed Health Line to talk with a trained registered nurse who will:

- Answer health-related questions
- Help you decide whether to go to a hospital emergency room
- Tell you how to take care of a health problem until you can see a doctor
- Help you understand health problems and how they are treated
- Give you guidance on what questions to ask your doctor
- Give you the facts about the latest medical treatments and procedures, and explain their risks and benefits

While the Informed Health Line nurses can't prescribe drugs or diagnose medical conditions, they can give you advice, help you with your choices, and also coach you on how to communicate better with your doctor.

The National Medical Excellence Program[®]

For help with extremely complex medical procedures, the Choice POS II Plan offers the National Medical Excellence Program from Aetna. This voluntary program provides care coordination and other services when your doctor decides that you need to have a highly specialized medical procedure, such as bariatric surgery or an organ transplant. Coverage includes surgery for organ and tissue transplants, such as heart, lung, liver, bone marrow, kidney and pancreas. Certain organ transplant combinations are also covered.

The procedure will be performed at a designated Institutes of Excellence[™] hospital. These hospitals have national reputations for their skill with certain types of organ transplants and complex medical care. Surgical teams at these hospitals perform many of these specialized procedures and have a proven track record of success.

Your doctor and an Aetna case manager will coordinate your care. If the hospital is more than 100 miles from your home, you will also receive a travel and lodging benefit for you and one companion.

Dental Benefits

When you enroll in the Choice POS II Plan, or an HMO plan with no dental coverage, you are also eligible to enroll in the Passive PPO Dental Plan.

The Passive PPO Dental Plan

The Passive PPO Dental Plan offers generous coverage for preventive care services and gives you the freedom to use any licensed dentist you wish. It also gives you the opportunity to save money when you receive dental care from a dentist who belongs to the Aetna dental preferred provider network.

How the Plan Works

Network dentists have negotiated their fees with Aetna. They generally charge less than non-network dentists, so your benefits are based on a lower cost. This means you pay less for your dental care. Network dental providers also file claims for you.

When you receive care from a dentist who does not participate in the Aetna dental network, your benefits are based on the recognized charge for that service in your geographic area — which is higher than the negotiated fee. As a result, you will pay more. In addition, you may need to file your own claims with Aetna to be reimbursed for your covered expenses.

Using a network dentist is voluntary. Either way, the same services are covered. To encourage good dental health, the plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a portion of the expense, depending on the services you receive.

Please visit www.nafhealthplans.com (for active employees) or www.nafhealthplans.com/retiree (for retirees) to see a Summary of Benefits chart that displays how dental services are covered under the plan.

Finding Network Dentists

To find a network dentist near you, use DocFind.

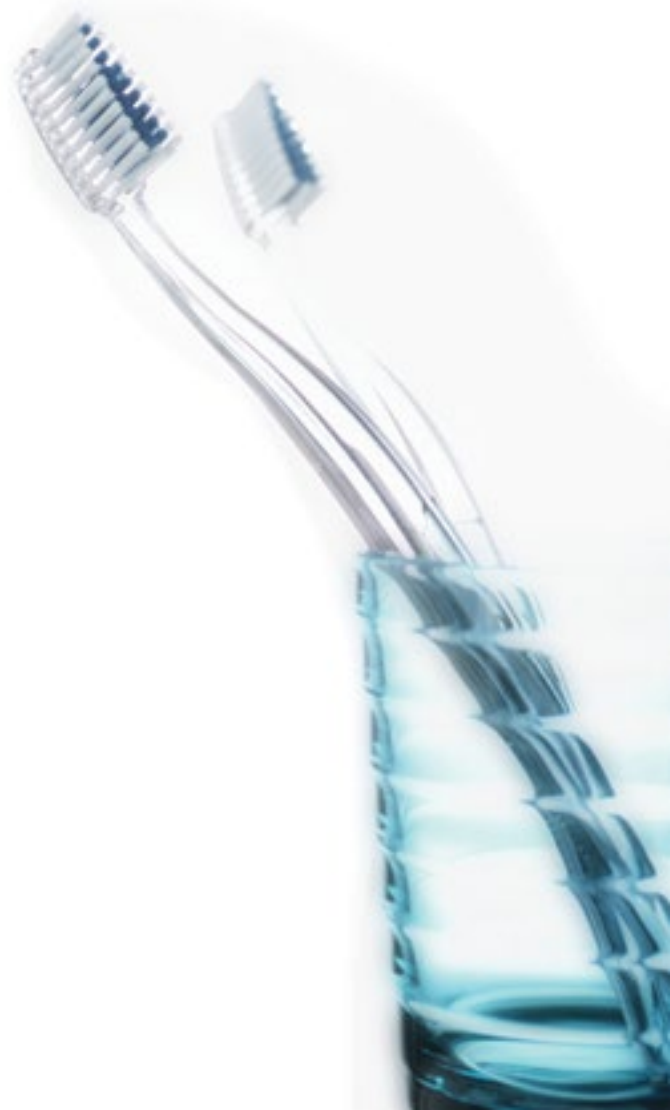
For more about using DocFind, turn to page 10. You can also request a printed directory by calling Member Services at **1-800-367-6276**.

Important: You must enroll in the Choice POS II Plan, or an HMO medical plan that does not offer dental coverage, in order to elect the Passive PPO Dental Plan described in this section.

The Stand Alone Dental Plan

If you are looking for dental, but not medical coverage, you may choose to enroll in the Stand Alone Dental Plan for dental-only benefits during Open Enrollment or during the eligibility period for new hires. The Stand Alone Dental Plan cannot be combined with enrollment in a medical plan under the DoD NAF Health Benefits Program.

Information about the Stand Alone Dental Plan is available at www.nafhealthplans.com.



Discount Programs

Once you've enrolled in an Aetna plan, you can take advantage of the Discount Program to save on health-related products and services. To learn more about your discounts and how to use them, call Member Services at **1-800-367-6276**. Or, you can go to www.aetna.com, and log in to Aetna Navigator and link to the Discount Program.

Vision Discounts

The Aetna vision discounts helps you and your covered family members save on eye care products and services, including eyeglasses, contact lenses and solution, and LASIK surgery. You can even get discounts on such items as eyeglass chains, designer frames, sunglasses and other vision accessories not usually covered by insurance.

To use your discount, simply visit a participating provider and show your Aetna member ID card. You can choose from thousands of providers, including national chains, such as Pearle Vision®, Lenscrafters®, JCPenney® Optical, Target Optical® and participating Sears Optical® locations. To find a provider, use DocFind at www.aetna.com. Enter "Vision discounts" in the "What are you looking for?" box, then click "Vision Routine Eyewear and Exam" for a provider directory.

Hearing Discounts

You and your covered family members can save on hearing exams and the latest hearing aid styles and technologies with the Aetna hearing discounts. You have two ways to save:

- With **Hearing Care Solutions**, you can save up to 63% on a large selection of hearing aids. You'll also save on batteries and in-office service (for one year) and get free cleanings, checks and battery-door replacements for the life of your hearing aid.
- With **Amplifon Hearing Health Care**, you save on hearing aids (including programmable and digital types), batteries, hearing exams and hearing aid repairs.

Fitness Discounts

With the Aetna fitness discounts, you and your covered family members can get discounts on health club memberships* and certain home exercise equipment and videos. The program is offered through GlobalFit®, one of the nation's leading providers of fitness services and facilities, with more than 10,000 locations nationwide. Discounts include special membership rates, free guest passes,** guest privileges and easy billing through your bank account or credit card, as well as access to at-home weight-loss programs and personal health coaching.

*At some clubs, program participation may be available only to new club members.

**Not available in all areas.

To learn more about your discounts and get started using them, log in to Aetna Navigator at www.aetna.com. On your home page, click on *Health Programs* in the top bar and you'll see the link for *Get Discounts*.



Natural Products and Services Discounts

Aetna uses its bargaining power to offer you and your covered family members discounts on complementary health and wellness products and services through the Aetna natural products and services discounts. Offered by ChooseHealthy™, the program provides discounts on:

- Acupuncture
- Chiropractic care
- Massage therapy
- Nutrition counseling from registered dietitians

The program also provides discounts on healthy lifestyle products, including over-the-counter vitamins, herbal and nutritional supplements, aromatherapy, yoga equipment and more at www.choosehealthy.com.

You can find participating natural therapy professionals on DocFind. To use the discounts, visit one of the participating providers, show your Aetna ID card, and pay the special discounted fee when you receive the service.

Weight Management Discounts

The Aetna weight management discounts offers special rates on today's most popular weight-loss programs and meal plans. You can save on:

- CalorieKing™ – Join an annual or monthly program and get a 7-day free trial period.¹ You'll receive a discount when you continue your annual program membership.² Save on products in the online Store, search an extensive food database, and more.
- Jenny Craig® – Choose from a free 30-day program or a discount on a Premium Program.³ Get weekly face-to-face support at one of over 450 locations or talk with counselors by telephone.
- Nutrisystem® – Save on any 28-Day Nutrisystem Success meal plan.⁴ Enjoy a larger discount when you sign up for Auto-Delivery.⁵

¹You can cancel your program membership at any time during the first 7 days by logging in to the program and following the instructions in Payment and Account Detail under Account Settings. If you don't cancel during the first 7 days, your credit card will be charged on the 8th day.

²If you are already a CalorieKing member, you will need to terminate your current account and rejoin to receive the Aetna discount.

³Plus the cost of food. Plus the cost of shipping (if applicable). Offer applies to initial enrollment fee only and is valid only at participating Centers and through Jenny Craig At Home. Each offer is a separate offer and can be used only once per member. No cash value. Restrictions apply.

⁴The Aetna discount offers do not apply to any plan in which you are already enrolled. To receive the discount, you must wait until your current plan ends. If you are enrolled in Auto-Delivery, you must cancel it and then re-enroll to receive the Aetna discount.

⁵Offer good on new 28-Day Auto-Delivery orders only. With Auto-Delivery, you receive a discount off Nutrisystem's regular 28-Day Plan price and free shipping to the continental U.S. only.

More savings!

Aetna also offers discounts on:

- Sonic toothbrushes and water-jet flossers from Waterpik®
- An automatic home blood pressure monitor with Omron
- Books and other items from the American Cancer Society® bookstore and MayoClinic.com bookstore
- Yoga DVDs, books and online videos through Pranamaya®

Aetna Member Services: 1-800-367-6276

Once you're enrolled in an Aetna plan, help and information are just a phone call or e-mail away. You can contact Aetna Member Services:

- For information about network doctors and hospitals, including a doctor's credentials and if he or she is accepting new patients
- For information about benefits under your plan
- To precertify hospital care, if required
- To check the status of a claim or benefit payment
- To request replacement ID cards
- For eligibility questions

Member Services representatives are available 24/7 at **1-800-367-6276**. You may also send an e-mail to Member Services through Aetna Navigator (www.aetna.com) once you've registered.

Enrollment Instructions

During Open Enrollment

If you are currently enrolled in Choice POS II, your coverage will automatically continue as long as you and any covered dependents remain eligible. Your current medical plan election will remain in place unless there has been a network change in your area. For example, if you are currently enrolled in Traditional Choice and, due to a network change, Choice POS II is now established in your area, you will automatically be converted to the Choice POS II Plan. If you are eligible and decide to make a change for next year, you will need to complete the enrollment process.

To enroll for benefits and/or make changes to current elections, go to www.nafhealthplans.com. There you will find detailed information about the plans available to you, and instructions for enrolling.

Dependent Eligibility

During Open Enrollment, you may add or delete dependents from your coverage.

You may also enroll as dependents:

- Your adult children through the entire month of their 26th birthday, even if they no longer live with you, are no longer students, and whether or not coverage is available to them through an employer health plan or spouse's employer-sponsored health plan. Supporting documentation to validate the parent-child relationship will be required.
- Your same-sex domestic partner and his/her eligible children. Supporting documentation to validate the relationship will be required.

Same-Sex Spouse Eligibility

On June 26, 2013, the Supreme Court ruled that Section 3 of the Defense of Marriage Act (DOMA) was unconstitutional. As a result, same-sex spouses of eligible NAF employees and retirees are able to access the same benefits available to opposite sex spouses under the DoD NAF Health Benefits Program. Enrollees who were married to a same-sex spouse before June 26, 2013 should notify their respective NAF employer for enrollment actions.

New Employees and Newly Eligible Employees

Newly hired and newly eligible employees must enroll within 31 days of eligibility in order to have coverage under the DoD NAF Health Benefits Program. Otherwise, you will need to wait for the next Open Enrollment period to enroll in the plan. To enroll, go to www.nafhealthplans.com. There you will find detailed information about the plans available to you, and instructions for enrolling.

Retirees

If you are currently enrolled in Choice POS II, your coverage will automatically continue. Once you and all covered family members reach age 65, you will be moved to Traditional Choice. Remember that you must enroll in Medicare Parts A and B once you turn 65. Eligibility criteria for continuing coverage after retirement apply.

You may make changes to your coverage elections during the year if you have a qualified family status change. Please contact your supporting Human Resources Office for detailed information and instructions.

Coverage for Newborns

In order for your newborn to be covered, you must enroll your baby in the plan within 31 days of his or her birth date. Coverage will be effective as of the date of birth. Please contact your supporting Human Resources Office for details.

Dual Eligibility

Keep in mind that you cannot be covered under the plan as both an employee and a dependent, or as a dependent of more than one employee.

Also, you cannot be covered under the plan as an active by one NAF employer and as a retiree by another NAF employer.



This brochure highlights the key features of the DoD NAF Health Benefits Program. It does not attempt to cover all plan details, which are contained in the official Plan Documents and insurance contracts that govern the operation of the various plans within the program. Please reference the Summary Plan Description (SPD) for a complete description of benefits, exclusions, limitations and conditions of coverage. Should there be any conflict between the information in this brochure and the provisions of the legal documents and contracts, the terms of those documents and contracts will control.

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