



DoD NAF HBP

Retirees, Medicare and Aetna
AREA Luncheon

*Presentation only for January 26, 2017 meeting
Be sure to visit www.nafhealthplans.com/retiree*

Agenda

- Medicare and DoD NAF HBP/Aetna
- Coverage of Flu, Pneumonia, and Shingles Shots
- Maintenance Choice – NEW for 2017
- Exclusions Drug List – NEW for 2017
- Reminder – Health Incentive Credit
- Metabolic Syndrome and Biometric Screenings

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Retiree Health Plan

- For employees who retire before age 65, you will continue on the plan available in your service area, either the Choice POS II plan or the Traditional Choice Indemnity Plan.
 - The DoD NAF HBP will remain primary until you're eligible for Medicare.
- Once you and all covered family members reach age 65, you will be automatically enrolled in the Aetna Traditional Choice Indemnity Plan and will receive letter and benefits information regarding the plan.
 - When eligible for Medicare, Medicare will be primary, DoD NAF HBP will be secondary.
 - DoD treats claims as if you are enrolled in Part A & B, so enroll in both as soon as you are eligible.
 - You are responsible for Medicare Premiums
- You do not need to enroll in Medicare part D (Rx)

Flu Shot Coverage

You can obtain your flu shot at the following locations:

- Your physician
- Walk-In Clinics (example: MinuteClinics located within CVS/Pharmacy)
- CVS Pharmacy locations
- One of the participating flu shot clinics, which can be located on http://www.aetna.com/docfind/cms/html/flu_shot_vaccine_providers.html.

As a post 65 Medicare retiree, your medical provider must submit your claims for the flu and pneumonia vaccinations to Medicare first, as they cover these immunizations under the Medicare Part B benefit plan.

If you utilize other pharmacies or flu shot clinics that do not participate with Aetna's programs, you will have to pay for the immunization out of your pocket and submit the claim to Aetna for reimbursement. **Do not use an urgent care facility for flu shots.**

Pneumonia and Shingles Vaccine Coverage

You can obtain your pneumonia and shingles vaccines at the following locations:

- Your physician
- Walk-In Clinics (example: MinuteClinics located within CVS/Pharmacy)
- CVS Pharmacy locations

If you utilize other pharmacies, you will have to pay for the immunization out of your pocket and submit the claim to Aetna for reimbursement.

Do not use an urgent care facility for pneumonia or shingles vaccines.

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Prescription Drug Coverage

- You do not need to enroll in Medicare Part D (Rx).
- The DoD prescription drug expenses are not coordinated with other prescription drug coverage. Reimbursement for a prescription drug expense can be made only from one plan.
- You cannot be reimbursed for the cost of a prescription drug, in whole or in part, by another plan and this plan.
- Coverage/Use of Coupons:
 - Unless it's a drug on the Exclusions Drug List (new 1/1/2017), the DoD plan currently allows members to apply coupons or discount cards at a retail pharmacy.
 - Aetna Rx Home Delivery (Mail Order) does not have the capability to apply coupons or discount cards, so they cannot be utilized at MOD.

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Maintenance Choice for 2017

Get the best price for you and your family! This program is intended to save you and the plan money so it's very important to look each year at costs.

The DoD NAF HBP put the Maintenance Choice program in to drive the majority of medications being filled to access a higher discount through 90 day fill at MOD or CVS. **This program is projected to save employees/retirees \$2.74 million and the DoD NAF HBP employers \$5.87 million in 2017 as well as to will help keep total costs down in future years.** Many employers and health coverages are moving toward mandatory 90 day fills. For example, Tricare moved to Mandatory Mail Order (no retail option) in October 2015.

Look at costs to know your options by using Price-A-Drug in Aetna Navigator or by calling Pharmacy Member Services number on the back of your ID card to assist you. Pharmacy Member Service can help you with prices for you to make an informed decision.

Maintenance Choice for 2017

With this new program, after two retail fills for any maintenance medication on the list, you are required to fill a 90-day supply of maintenance drugs at Aetna Rx Home Delivery or CVS Pharmacy.

Once you have reviewed costs for each medication, if a maintenance medicine on the list costs you less at retail X 3 months, you can call and request the opt out so you will be able to fill 30 day supply at retail without penalty. If you do not call and do not switch to a 90-day supply, you will be responsible for 100 percent of the cost-share.

When you do call to request an opt out, it is at the member level and for the remainder of the plan year so you can then fill any other maintenance medicines on the list at retail without penalty. You will need to choose to opt out each plan year.

Be sure to get the best cost for you! If you do request an opt out but can save money on some of your maintenance medicines, you can still fill any maintenance medicine on the list for 90 day fill for 2X copay at either CVS or through Aetna Rx Home Delivery.

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Exclusions Drug List for 2017

To combat the industry practice of “coupons” and “copay assistance” that drug manufacturers use to drive usage of brand name drugs when there are generics or alternatives, the DoD NAF HBP added the Exclusion Drug List in 2017. **This has a projected savings of \$2.84 million to the DoD NAF HBP for 2017 and will continue to save the plan money in future years.**

The Exclusion Drug List is a listing of drugs that aren't covered on your plan. This lists shows the preferred alternative drugs that are covered by your plan. You can check it to see if your drug is covered. If it's not, you will see the alternative drug that is covered. The list is on www.nafhealthplans.com under the pharmacy information under the health benefits section.

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Don't Leave Money on the Table!!

Health Incentive Credits

- These credits will be placed in an account and applied towards the first family member's claim where the deductible and/or coinsurance would be applied. **Employees can earn a maximum of \$250 per year per person, up to \$600 per family per year.**

Health Incentive Credit features:

- Applied to the medical deductible and/or coinsurance as claims are processed. The Credit cannot be applied to copayments such as PCP, Specialist, Emergency Room, Urgent Care copays, Hospital confinement fees, or pharmacy copays.
- The credit will roll over every year until used, up to 3 years.
- Credits are displayed on Explanation of Benefits and in Aetna Navigator

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Health Assessment

A Requirement Before You Can Earn HICs

- **In 2017, employees and their covered spouse must complete the Health Assessment in order for any of the Health Incentive Credits (HICs) earned to be deposited.**
- No activities will have credits deposited until the assessment is completed.
- The Health Assessment is a questionnaire that takes just 10 minutes to complete. Members answer questions about personal and family health history, lifestyle habits, recent screening results and other health factors.
- The screening results from the biometric screenings will need to be manually entered into the Health Assessment.
- To take the assessment, log in to www.aetna.com and click “I want to . . . Take a Health Assessment” on the home page.

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2017 Health Incentive Credits

- The maximum an individual can earn is **\$250**, the family maximum is **\$600**
- To earn credits, after the health assessment, employees must complete healthy actions as shown below:

Activity	Health Incentive Credit Amount	Calendar Year Maximum
Complete metabolic syndrome screening before April 1, 2017	\$150 each	\$150 for employee only and \$300 for employee and covered spouse
Complete metabolic syndrome screening between April 1 and November 30, 2017	\$100 each	
Disease Management (DM) goal – complete 3 calls with a DM nurse to achieve a goal	\$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		
Have a preventive care exam	\$50 for each child per year	

Metabolic Syndrome

What is it and why is it important?

- Metabolic syndrome is a group of five risk factors that raise your risk of developing conditions such as heart disease and diabetes. A metabolic 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 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, later. In many cases, these factors can be positively impacted by lifestyle changes, such as regular exercise and eating a healthy diet.



Questions?

More information can be found at

www.nafhealthplans.com/retiree or

<http://www.aafes.com/about-exchange/retired-employees-association/benefits/>