

# Health Benefits 101

## Your plans, plain and simple

If you don't really understand health insurance, you're not alone. Here's a handy guide with straightforward explanations about plans, payments and ways to save.



For Post-65 Retirees, Medicare Primary

# Terms to know

Throughout the guide, all **bold blue** wording is hyperlinked to more information.

<b>Deductible</b>	The amount you pay before your plan begins to pay benefits
<b>Out-of-pocket maximum</b>	This is a limit on the costs you must pay for covered services.
<b>Coinsurance</b>	Your percent share of covered costs after deductible
<b>Copay</b>	A flat dollar amount you pay at the time of service.
<b>Reasonable &amp; Customary (R&amp;C) Charge</b>	A limit on the amount your health plan will pay. The limit is based on aggregate data on what doctors charge for health care services.
<b>Medicare</b>	This is a federal government program that provides health care coverage for people age 65 or older, and people with certain disabilities and serious illnesses. <a href="#">Learn more.</a>
<b>Medicare Primary</b>	If you have Medicare in addition to your Aetna plan, Medicare Primary means that your Medicare benefits will pay before your Aetna benefits.
<b>Medicare Part A</b>	This is part of a Medicare plan that covers some expenses for inpatient care at a hospital, medical care at a skilled nursing facility, hospice care and home health care.
<b>Medicare Part B</b>	This is part of a Medicare plan that covers some expenses for medically necessary doctor services, outpatient care from a hospital, physical therapy, occupational therapy, home health care and covered preventive services.
<b>Medicare Direct</b>	Medicare Direct is a no-cost automatic claim filing service provided by Aetna. The service allows your Medicare Part B claims to be automatically transferred to Aetna for processing. You, as the retiree, are automatically enrolled once Aetna receives confirmation of your Medicare coverage. However, your covered spouse must enroll to take advantage of the program by calling Aetna Member Services.

[More terms, plain and simple](#)

# Be prepared

Don't get caught off guard with a high health care bill or wait until you are sick to find a doctor — being prepared is smart thinking and can save you money.

## 1. Register for Aetna member website at [aetna.com](https://aetna.com) > Login.

Once you're registered, the site will be personalized for you each time you log in. Use it when you want to:

- Find a doctor
- Get health care costs
- See who's covered
- View claims, and more



## Download the Aetna Health® app text Aetna to 90156.

Enjoy all the best features of the Aetna member website — in the palm of your hand.

## 2. Register with Teladoc® at [teladoc.com/aetna](https://teladoc.com/aetna) or 1-800-TELADOC (1-800-835-2362).

Talk with a board-certified doctor or pediatrician by phone or video chat. They treat common health issues like:

- Cold and flu symptoms
- Headache or earache
- Fever
- Allergies
- Dermatology issues
- Behavioral health concerns

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

# How to pay for care



**Visit your doctor, show your Medicare ID card**



**No need to pay at your visit, doctor files your claim with Medicare**

Any portion not paid by Medicare will automatically be sent to Aetna for processing, if you are enrolled in Medicare Direct.



**Doctor bills you for any amount you owe**



**Plan pays doctor and sends you a statement to show what it paid**

# Get and stay healthy

Participate in your own good health and earn Health Incentives.

## 1. Get involved in your health

Complete certain wellness activities to earn **Health Incentives**.

## 2. Complete the Health Assessment

Log in to [aetna.com](https://www.aetna.com) > **Stay Healthy**.

## 3. Get your metabolic screening

You can go to your own doctor, a Quest® lab or attend an onsite screening event.



# 4 Ways to save



## 1. Get preventive care

Keep up with preventive services to catch problems early. You pay nothing.

Eligible preventive care includes things like your annual physical and certain immunizations and screenings based on your age and gender.



## 2. Pay less for prescriptions

Generic drugs can be just as effective as name-brand and they cost less.

You'll also save with the Maintenance Choice program for your long-term prescriptions.



## 3. Compare costs before you go

Use your cost-of-care tools to compare costs before you go to the doctor and pharmacy. Log in to [aetna.com](https://www.aetna.com) > [Find Care & Pricing](#).



## 4. Only use the ER for emergencies

Use Teladoc or visit an urgent care center or walk-in clinic for non-life-threatening medical issues instead of the hospital emergency room.

# Pharmacy benefits

## Short-term (up to 30-day supply)

Use a network pharmacy. Log in to [aetna.com](https://www.aetna.com) > [Pharmacy](#).

## Long-term (up to 90-day supply)

Receive it through the mail with CVS Caremark Mail Service Pharmacy™. Log in to [aetna.com](https://www.aetna.com) > [Pharmacy](#) or call **1-888-792-3862** to get started. You can also pick up at your local CVS pharmacy®. Use the store locator at [CVS.com](https://www.cvs.com).

## Maintenance drugs (prescriptions you take on an ongoing basis)

With Maintenance Choice, you can get a 90-day supply of maintenance medications through CVS Caremark Mail Service Pharmacy or by picking it up at your local CVS pharmacy. **After two 30-day fills, the plan will no longer cover additional 30-day fills.** You will be responsible for the full cost. [Learn more.](#)

## Specialty drugs (requires special handling/refrigeration)

Use Aetna Specialty Pharmacy®. Go to [nafhealthplans.com](https://www.nafhealthplans.com) > [Health Benefits > Pharmacy Program](#) or call **1-888-792-3862**.

## Formulary

This is a list of prescription drugs the health plan covers. It can include drugs that are brand name and generic. How much a plan covers may vary from drug to drug. An open formulary provides a greater choice of covered drugs. It is also called a preferred drug list. [View formulary.](#)

## Estimate and compare drug prices

Estimate and compare costs of your prescriptions ahead of time. Log in to [aetna.com](https://www.aetna.com) > [Pharmacy](#).

Medicare Part D is an optional Medicare plan that provides coverage for some prescription drugs. **There is no need to enroll in Medicare Part D** since you have pharmacy benefits with your Aetna medical plan. [Learn more.](#)

# Dental benefits

---

**Use network dentists** You pay less when you use dentists in the Dental PPO network. Log in to [aetna.com](https://www.aetna.com) > [Find Care](#) > [Dentists](#).

---

**Get regular checkups** Your plan covers two preventive care visits per year. Your dentist will clean your teeth and can find problems early when they cost less to treat.

---

**Advance Claim Review** The purpose of the advance claim review is to determine — in advance — the benefits (if any) that the Plan will pay for proposed services. In-network dentist will do this for you so you can make informed decisions about the care you are considering. Out-of-networks may not. Even though an advance claim review is not required, you are encouraged to get one whenever a course of dental treatment is likely to cost more than \$200.

---

**See if you qualify for extra cleanings** Your dental health can complicate certain medical conditions. You may qualify for extra cleanings if you have heart disease, diabetes or are pregnant. Call **1-800-367-6276** to find out. [Learn More](#).

---

This information only applies to those enrolled in the Aetna dental plan. Dental benefits are not part of your medical benefits.



# Health Reimbursement Account (HRA)

An HRA is part of your medical plan and automatically pays first for qualified health care expenses until the funds run out.

---

**Eligibility**

OCONUS retirees who are enrolled in the High Deductible Health Plan (HDHP) are eligible for an HRA.

---

**Qualified expenses**

- Medical
- Dental
- Vision
- Hearing
- Prescription drugs
- And more

---

**Contributions**

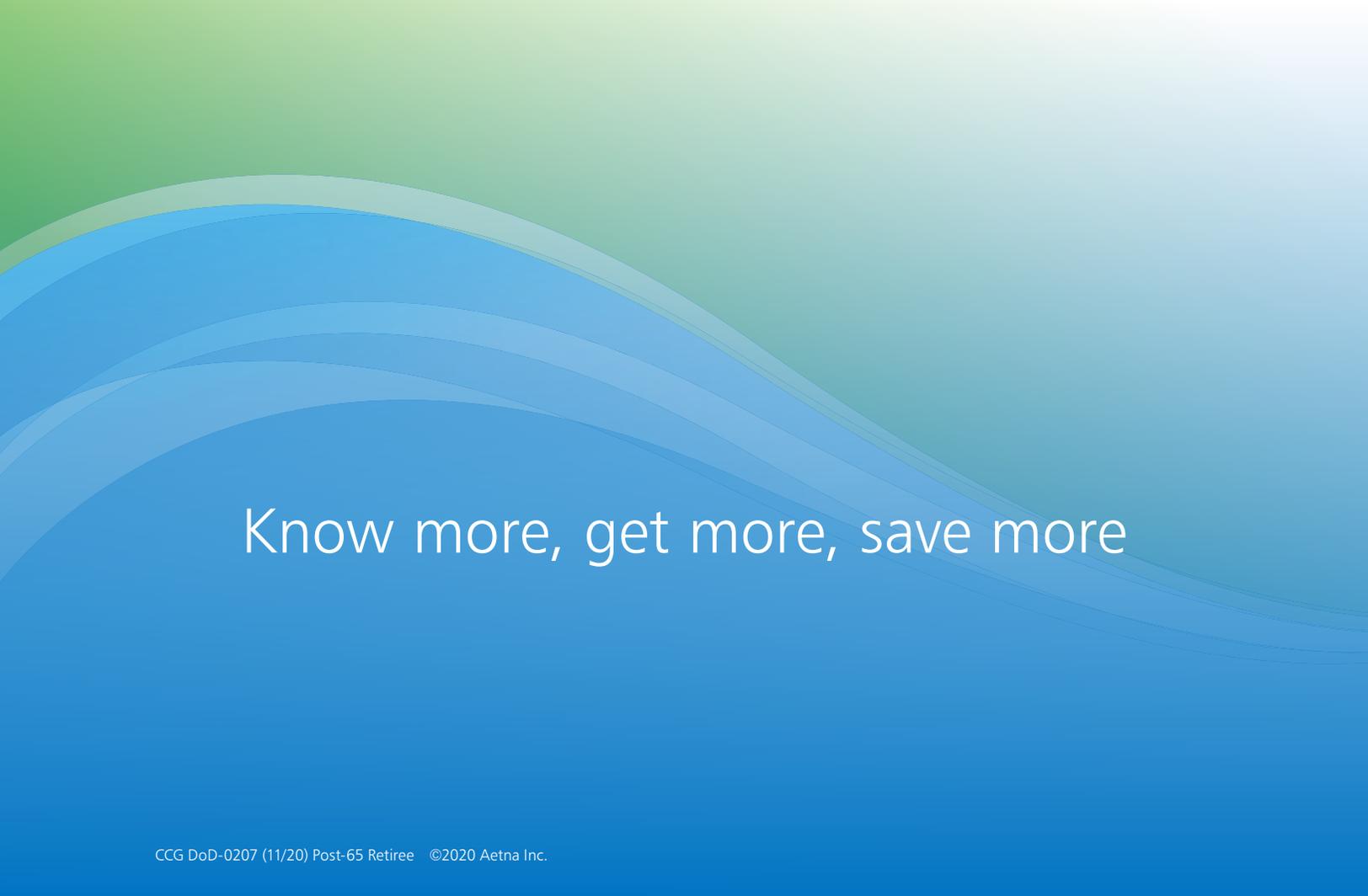
Your NAF employer will make an annual contribution of \$500 (for employee-only coverage) or \$1,000 (for family coverage) at the beginning of the year. You cannot contribute funds to this account.

---

**Roll over funds**

If you do not use the entire fund in one calendar year, the remaining amount will rollover into next year's fund balance as long as you remain in the HDHP. This allows you to build your account to pay for future costs. However, if you stop participating or should the plan be terminated by the DoD NAF, any unused funds in the account will be forfeited.

---

The background features a gradient from light green at the top to a deep blue at the bottom. Overlaid on this are several overlapping, wavy bands of varying shades of blue, creating a sense of movement and depth.

Know more, get more, save more