

# Aetna International Traditional Choice® Indemnity Medical Plan

## Summary of Benefits effective January 1, 2015

### Plan Provisions

### Plan Benefits\*

**New**

#### Calendar Year Deductible

★ Individual	\$500
★ Family of 2	\$1,000 (2 times individual)
★ Family of 3 or more	\$1,500 (3 times individual)

#### Health Incentive Credit

Earn credit toward your deductible and coinsurance\* expenses by completing certain healthy actions. For more details about the healthy actions and the incentives, visit [www.nafhealthplans.com](http://www.nafhealthplans.com). The credit does not apply to copayments. The maximum credit per individual is \$150 up to a maximum of \$450 for a family of 3 or more.

*\*Coinsurance is the percentage of your covered expenses that you pay after you meet the calendar deductible.*

#### Out-of-Pocket Maximum

This is the maximum amount you pay for your share of covered expenses in a calendar year. It includes deductibles, coinsurance and copays. Prescription eyewear, bariatric surgery expenses and non-covered expenses do not count toward your out-of-pocket maximums.

★ Individual	\$3,000
★ Family of 2	\$6,000 (2 times individual)
★ Family of 3 or more	\$9,000 (3 times individual)

#### Lifetime Maximum

Unlimited

#### Hospital Precertification

Please see your Summary Plan Description (SPD) for details.

You must precertify any scheduled hospital stay.  
\$500 penalty for failure to precertify (penalty waived if you are overseas)

#### Preventive Care

★ Routine physical exam and immunizations (one per calendar year)	100%, no deductible
★ Well-child care and immunizations (Birth to age 7. Please see your SPD for age and frequency schedule.)	100%, no deductible
★ Routine gynecological exam including Pap test and related lab fees (one per calendar year)	100%, no deductible
★ Routine mammogram (one per calendar year for women age 35 and over)	100%, no deductible
★ Routine colonoscopy (one every 10 years; age 50 and over)	100%, no deductible
★ Routine prostate screening exam (one per calendar year for men age 40 and over)	100%, no deductible
★ Routine eye exam and/or contact lenses fitting (one each per calendar year)	100%, no deductible
★ Prescription eyewear – lenses, frames and contacts. You are also eligible to use Aetna vision discounts.	100% up to a \$150 maximum benefit per person per calendar year
★ Pediatric vision (dependent children up to age 22) – One pair of basic frames and lenses per calendar year <small>(covered codes are: V2020, V2100-2199, V2200-2299, V2300-2399, V2121, V2221, V2321)</small>	100%, no copay
★ Routine hearing exam (one per calendar year). You are also eligible to use the HearPO® Hearing Discount Program.	100%, no deductible
★ Hearing aids (\$3,000 maximum every 3 years). You are also eligible to use the HearPO Hearing Discount Program.	80% after deductible

# Aetna International Traditional Choice Plan

## Plan Provisions

## Plan Benefits\*

### Physician Services

★ Office visits for treatment of illness or injury	80% after deductible
★ Walk-in clinic visit	80% after deductible
★ Diagnostic lab and X-ray	80% after deductible
★ Maternity care office visits	80% after deductible
★ In-office surgery	100% of first \$1,000, no deductible; then 80% after deductible
★ Physician hospital visits	80% after deductible
★ Anesthesia	80% after deductible
★ Allergy testing, serum and injections	80% after deductible
★ Specialists (office visits)	80% after deductible
★ Second surgical opinion	100%, no deductible

### Hospital Services

★ Inpatient hospital room and board and ancillary services	80% after deductible
★ Inpatient and outpatient surgery	80% after deductible
★ Outpatient services	80% after deductible
★ Pre-operative testing	80%, no deductible
★ Other hospital services	80% after deductible

### Urgent and Emergency Care

★ Hospital emergency room	80% after deductible
★ Hospital emergency room for non-emergency care	50% after deductible
★ Urgent care facility	80% after deductible
★ Ambulance	80% after deductible

### Other Health Care

★ Convalescent facility (up to 90 days per calendar year)	80% after deductible
★ Home health care (up to 90 visits per calendar year)	80% after deductible
★ Private duty nursing (up to 70 eight-hour shifts per calendar year)	80% after deductible
★ Hospice (inpatient and outpatient)	100%, no deductible
★ Independent lab and X-ray facilities	80% after deductible
★ Voluntary sterilization	80% after deductible
★ Short-term rehabilitation (60-visit maximum per course of treatment)	80% after deductible
★ Durable medical equipment	80% after deductible
★ Spinal disorder (chiropractic) (20 visits per calendar year)	80% after deductible
★ Bariatric surgery	50% after deductible

# Aetna International Traditional Choice Plan

## Plan Provisions

## Plan Benefits\*

### Mental Health Care

- ★ Inpatient 80% after deductible; up to 60 days per calendar year; 60% thereafter
- ★ Outpatient\*\* (up to 45 visits per calendar year) 80% after deductible

\*\*Outpatient visit maximums for mental health and substance abuse are not combined.

### Substance Abuse Treatment

- ★ Inpatient (up to 45 days per calendar year) 80% after deductible
- ★ Outpatient\*\* (up to 45 visits per calendar year) 80% after deductible

\*\*Outpatient visit maximums for mental health and substance abuse are not combined.

New

### Prescription Drug Benefits

	Participating Pharmacy	Non-Participating Pharmacy
★ Participating Retail Pharmacy Program (up to a 12-month supply purchased at a participating U.S. pharmacy. Separate copays apply to each 30-day supply.)		
> Tier One – Generic drugs	100% after \$10 copay	Not covered
> Tier Two – Preferred brand-name drugs	100% after \$35 copay	Not covered
> Tier Three – Non-preferred brand-name drugs	100% after 35% copay – the minimum you pay per prescription is \$60; the maximum is \$125.	Not covered
> Tier Four – Specialty drugs	100% after 40% copay – the minimum you pay per prescription is \$60; the maximum is \$125.	Not covered

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

### ★ Mail-Order Service – Aetna Rx Home Delivery® (for a 31 – 90-day supply)\*\*

> Tier One – Generic drugs	100% after \$20 copay	Not covered
> Tier Two – Preferred brand-name drugs	100% after \$70 copay	Not covered
> Tier Three – Non-preferred brand-name drugs	100% after 35% copay – the minimum you pay per prescription is \$120; the maximum is \$250.	Not covered
> Tier Four – Specialty drugs	100% after 40% copay – the minimum you pay per prescription is \$120; the maximum is \$250.	Not covered

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

### ★ Prescriptions Purchased Overseas

> Generic drugs	Not applicable	100% after deductible
> Brand-name drugs	Not applicable	80% after deductible

### ★ Smoking Cessation Medications

Covers a 180-day supply of the following FDA-approved medications with a valid prescription: Bupropion SR, Nicotine gum, Nicotine inhaler, Nicotine lozenge, Nicotine nasal spray, Nicotine patch and Varenicline. Includes 8 counseling sessions per calendar year.

New

### ★ Anti-Obesity Medications\*\*

100% after applicable Tier Two and Tier Three copays	Not covered
--	-------------

\*\*Learn more at [www.aetna.com/products/rxnonmedicare/data/2014/MISC/antiobesity.html](http://www.aetna.com/products/rxnonmedicare/data/2014/MISC/antiobesity.html).

### Aetna International Member Services:

**Telephone:** 1-888-506-2278 (outside the USA, via AT&T + access code)  
1-813-775-0189 (direct or collect outside the USA)  
**Email:** [aiservice@aetna.com](mailto:aiservice@aetna.com)  
**Website:** [www.aetnainternational.com](http://www.aetnainternational.com)

\*Coverage is subject to reasonable and customary charges. This provision does not apply for services provided overseas.

## Aetna International Dental Plan

### Summary of Benefits effective January 1, 2015

#### Plan Provisions

#### Dental Plan Benefits\*

##### Calendar Year Deductible

★ Individual	\$100
★ Family of 2	\$200 (2 times individual)
★ Family of 3 or more	\$300 (3 times individual)

##### Calendar Year Benefit Maximum

\$2,500 per person

##### Preventive Care

Routine oral exams and cleanings – two per calendar year*	100%, no deductible
Problem-focused exams – two per calendar year	100%, no deductible
X-rays (frequency limits apply), fluoride (no age limit), and sealants to age 18	100%, no deductible

\*A third cleaning will be covered for those who qualify due to certain medical conditions such as pregnancy, diabetes or heart disease. Contact Member Services for details.

##### Basic Care

80% after deductible

Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments

##### Restorative Care

50% after deductible

Inlays, crowns, fixed bridgework, gold fillings

##### Oral Surgery

(services that are dental in nature)

100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar year maximum

##### TMJ Treatment

(Temporomandibular Joint Dysfunction)

50%, no deductible  
\$750 lifetime maximum per person

##### Orthodontia for adults and children

(includes TMJ appliances)

50%, no deductible  
\$2,000 lifetime maximum per person

##### Claim Filing

You are responsible for filing claims when you receive dental care overseas. When you receive care in the United States from a dentist who participates in Aetna's dental network, the dentist will file your claim. You may be responsible for filing claims when care is provided by a non-participating dentist.

##### Aetna International Member Services:

**Telephone:** 1-888-506-2278 (outside the USA, via AT&T + access code)  
1-813-775-0189 (direct or collect outside the USA)  
**Email:** aiservice@aetna.com  
**Website:** www.aetnainternational.com

*These charts display only a general description of your benefits under the DoD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the Summary Plan Description (SPD), the terms of the SPD will be used to determine coverages and benefits.*



Aetna Member Services 1-800-367-6276 • www.nafhealthplans.com