

DoD NAF Health Benefits Program (HBP) Information

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Health Insurance Tips

Using your Health Care Program Wisely

Accessing medical care through your NAF HBP can be confusing if you are not armed with all of the information that is available to you. The first step in determining what policies and procedures you have to follow is to determine if you are enrolled in the Aetna Open Choice PPO Plan or in the Aetna Traditional Choice Indemnity Plan. The benefit levels and policies of these two programs are not the same and it is important to be aware of your responsibilities as an enrolled member. The second step is to obtain a Summary Plan Description (SPD) from your servicing Human Resources Personnel or through your employer's website. The Summary of Benefits (SOB) charts you receive in your enrollment materials are also useful tools, but be aware that the SPD is the most comprehensive and complete source of information.

Preferred Care versus Non-Preferred Care – If you are enrolled in the Open Choice PPO plan, it is important to understand the difference between Preferred Care Benefits (In-Network) and Non-Preferred Care Benefits (Out-of-Network). When you or your dependents need to seek medical treatment, the first question you should ask before making an appointment is, “Are you a preferred provider under the Aetna Open Choice

PPO insurance plan?” Asking this before even making an appointment can save you time and money. If the physician is not a preferred provider, you will be subject to the Non-Preferred Care Benefits that are paid at a significantly lower level than the Preferred Care benefits. Registering for and using Aetna Navigator and DocFind allows you to search for physicians that are preferred providers, although it is important to verify this information with the physician's office when scheduling an appointment.

National Advantage Program – If you are enrolled in the Traditional Choice Indemnity plan, there is no classification of preferred or non-preferred benefits. Your benefits are paid up to a certain percentage based on reasonable and customary rates for the area in which you visit the physician. A means of saving money in this plan is to select a provider who participates in the Aetna National Advantage Program. Physicians who participate in this program agree to discount their rates to Aetna customers, therefore passing savings onto you.

Pre-certification – Pre-certification is required when you are enrolled in the Open Choice PPO Plan, both Preferred and Non-Preferred Care Benefits, or in the Traditional Choice Indemnity Plan. Pre-certification is required for admissions to hospitals, mental health care and substance treatment facilities, convalescent facili-



ties, home health care, hospice care, and skilled nursing care. What distinguishes the Open Choice PPO Preferred Care benefit is that the physician or facility is responsible for handling pre-certification for the member. It is always beneficial to confirm that your treatment in one of these facilities has been pre-certified. If you choose to use Non-Preferred Care under the Open Choice PPO Plan, or if you are covered by the Traditional Choice Indemnity Plan, it is your responsibility to obtain pre-certification for your treatment. If you fail to pre-certify for any of these treatments, you will be subject to a penalty fee of \$500 in addition to any deductible or coinsurance that may apply.

Taking the time to check if the physician accepts your Aetna insurance benefit and the need to pre-certify a treatment will ensure that you are using your benefits wisely. Contact your servicing Human Resources Office, log onto your employer's website or Aetna Navigator, www.aetna.com, or call the toll-free member services number, 1-800-367-6276, for information pertaining to the NAF HPB and your health benefits.