

Commander Navy Installations Command (CNIC) Marianas Comparison 2020



| Service | Aetna DoD International Traditional Choice (In-Network) | | Aetna DoD International High Deductible Health Plan (HDHP) (In-Network) | | TakeCare (GU)* | |
|---|---|----------|--|----------|---|----------|
| | | | | | | |
| 2020 Employee Contributions (bi-weekly) | Employee: | \$ 79.18 | Employee: | \$ 63.35 | <u>Medical & Dental:</u> | |
| | Employee +Spouse: | \$182.92 | Employee +Spouse: | \$146.33 | Employee: | \$ 69.19 |
| | Employee + Child(ren): | \$152.82 | Employee + Child(ren): | \$122.26 | Employee +Spouse: | \$159.84 |
| | Family: | \$242.30 | Family: | \$193.84 | Employee + Child(ren): | \$133.54 |
| | | | | | Family: | \$211.74 |
| | | | | | <u>Medical ONLY:</u> | |
| | | | | | Employee: | \$ 56.77 |
| | | | | | Employee +Spouse: | \$131.15 |
| | | | | | Employee + Child(ren): | \$109.57 |
| | | | | | Family: | \$173.73 |
| Calendar Year Deductible | Individual: | \$ 500 | Individual: | \$1,500 | No Deductible | |
| | Family (individual + one or more dependents): | \$1,500 | Family (individual + one or more dependents): | \$4,500 | | |
| Copay | \$30 copay | | N/A | | \$10 copay | |
| | \$45 specialist | | | | \$20 specialist | |
| Out-of-Pocket Maximum (Includes Deductible) | Individual: | \$4,000 | Individual: | \$ 6,000 | Individual: | \$2,000 |
| | Family (individual + one or more dependents): | \$8,000 | Family (individual + one or more dependents): | \$12,000 | Family: | \$6,000 |
| Lifetime Maximum Benefit | Unlimited | | Unlimited | | Unlimited | |
| | | | | | | |
| Physician Office Visit | 100% after \$30 copay (\$45 specialist) | | 75% after deductible | | 100% after \$10 copay (\$20 Specialist) | |
| Preventive Care | 100%, no copay | | 100%, no deductible | | 100%, no copay Out Patient executive check up service 100% at St Lukes Medical Center or the Medical City in the Philippines up to 14,175 Philippine Pesos pmpy | |

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| Lab & X-ray | Part of office visit: 100% Separate office visit: 100% after copay Independent facility: 90% after deductible | Part of office visit: 75% after deductible Separate office visit: 75% after deductible Independent facility: 75% after deductible | Lab 100%; EKG and X-ray 100% after \$10 copay 100% after \$50 copay for out-patient specialty imaging |
| Outpatient Surgical Facilities | 90% after deductible | 75% after deductible | 100% after \$100 facility copay \$20 Physician/Surgeon copay |
| Inpatient Hospital | 90% after deductible plus \$200 per confinement fee <i>(waived for newborns and subsequent hospital confinements for the same condition within the same calendar year)</i> | 75% after deductible | 100% |
| Maternity | 100% after copay: \$30 PCP/\$45 specialist for first visit; subsequent visits included in delivery fee & paid 90% after deductible | 75% after deductible | 100% at FHP clinic; 100% after \$10 copay outside FHP; 100% delivery in a hospital/birthing center |
| Skilled Nursing | 90% after deductible up to 70 eight hour shifts per calendar year | 75% after deductible up to 70 eight hour shifts per calendar year | 100%, 30 days per calendar year |
| Home Health Care | 90% after deductible up to 90 visits per calendar year | 75% after deductible up to 90 visits per calendar year | 100% after \$10 copay |
| Outpatient Therapy (physical, occupational, speech) | 80% after deductible, 60 day max per course of treatment | 75% after deductible, 60 day max per course of treatment | 100% after \$20 copay, limited to 20 visits per calendar year per therapy, authorization required |
| Emergency Room | 90% after \$350 copay per visit, waived if admitted 50% after deductible plus \$350 copay for non-emergency care | 75% after deductible 50% after deductible for non-emergency care | 100% after \$100 copay |
| Urgent Care | 100% after \$30 copay | 75% after deductible | 100% after \$10 copay; \$25 copay M – F after 6 pm, Sat, Sun and Holidays; 100% after \$100 copay outside the service area |
| Ambulance | 80% after deductible | 75% after deductible | 100% |
| Inpatient Mental Nervous | 90% after deductible plus \$200 per confinement fee <i>(no day max)</i> | 75% after deductible <i>(no day max)</i> | 100% |

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| Outpatient Mental Nervous | 100% after \$45 copay per visit; no deductible | 75% after deductible | 100% after \$10 copay |
| Inpatient Substance Abuse | 90% after deductible plus \$200 per confinement fee (no day max) | 75% after deductible (no day max) | 100% |
| Outpatient Substance Abuse | 100% after \$45 copay per visit; no deductible | 75% after deductible | 100% after \$10 copay |
| Prescription Drugs / Pharmacy | Generic drugs: \$10 Preferred brand-name drugs: \$35 Non-preferred brand-name drugs: 100% after 35% copay- the min. you pay per Rx is \$60; max is \$125 Specialty drugs: 100% after 40% copay- the min. you pay per Rx is \$60; max is \$125 MAIL ORDER Generic drugs: \$20 Preferred brand-name drugs: \$70 Non-preferred brand-name drugs: 100% after 35% copay- the min. you pay per Rx is \$120; max is \$250 | Generic drugs: 100% after deductible Preferred brand-name drugs: 65% after deductible; max is \$75 Non-preferred brand-name drugs: 50% after deductible; max is \$125 Specialty drugs: 50% after deductible; max is \$125 MAIL ORDER Generic drugs: 100% after deductible Preferred brand-name drugs: 65% after deductible; max is \$150 Non-preferred brand-name drugs: 50% after deductible; max is \$250 | Generic drugs: \$5 FHP/\$10 Outside FHP Preferred brand-name drugs: \$10 FHP/\$20 Outside FHP Non-preferred brand-name drugs: \$50 FHP/\$100 Outside FHP Preferred specialty drugs: \$400 FHP/\$600 Outside FHP Non-preferred specialty drugs: \$500 FHP/\$1,000 Outside FHP MAIL ORDER Generic drugs: \$0 Preferred brand-name drugs: \$0 Non-preferred brand-name drugs: \$200 |
| Vision Exam | Eye Exam - 100%, no copay; Eyewear 100%, no copay up to \$150 max per calendar year (Aetna Vision Discounts also available) | Eye Exam - 100%, no deductible; Eyewear up to \$150 max per calendar year (Aetna Vision Discounts also available) | \$100 off the cost of prescription eyewear, including eyeglasses or contact lenses, per member per year. 10% off all non-prescription glasses. |

This document serves as a summary – Provisions of the contract will prevail.

*TakeCare Medical Plan includes dental rider.