

Commander Navy Installations Command (CNIC) Mid-Atlantic-Tidewater Area Comparison 2018



Service	Aetna DoD (In-Network)	Anthem VA (In-Network)	Optima VA (In-Network)
2018 Employee Contributions (bi-weekly)	Employee: \$ 77.33 Employee +Spouse: \$178.63 Employee + Child(ren): \$149.24 Family: \$236.63	Employee: \$ 88.30 Employee +Spouse: \$203.97 Employee + Child(ren): \$170.41 Family: \$270.19	Employee: \$ 81.86 Employee +Spouse: \$189.11 Employee + Child(ren): \$158.00 Family: \$250.51
Calendar Year Deductible	Individual: \$500 Family of 2: \$1,000 Family of 3 or more: \$1,500	No Deductible	No Deductible
Copay	\$30 copay \$45 specialist	\$20 copay \$40 specialist	\$20 copay \$40 specialist
Out-of-Pocket Maximum (Includes Deductible)	Individual: \$4,000 Family of 2: \$8,000 Family of 3 or more: \$12,000	Individual: \$4,000 Family : \$8,000	Individual: \$4,000 Family : \$8,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Physician Office Visit	100% after \$30 copay (\$45 specialist)	100% after \$20 copay (\$40 specialist)	100% after \$20 copay (\$40 specialist)
Preventive Care	100%, no copay	100% , no copay	100% , no copay
Lab & X-ray	Part of office visit: 100% Separate office visit: 100% after copay Independent facility: 90% after deductible	100% after \$20 copay (\$40 specialist) Advanced diagnostic imaging: 80% of the amount network health care professionals have agreed to accept for their services	100% after \$20 copay Advanced diagnostic imaging: 80% of the amount network health care professionals have agreed to accept for their services
Outpatient Surgical Facilities	90% after deductible	100% after \$300 copay	100% after \$250 copay
Inpatient Hospital	90% after deductible plus \$200 per confinement fee (waived for newborns and subsequent hospital confinements for the same condition within the same calendar year)	100% after \$300 copay per day (not to exceed \$1,500) for an admission	100% after \$200 copay per day (not to exceed \$1,000) for an admission
Maternity	100% after copay: \$30 PCP/\$45 specialist for first visit; subsequent visits included in delivery fee & paid 90% after deductible	\$300 per pregnancy routine care (excluding inpatient stay); \$40 copay each diagnostic test	\$200 per pregnancy routine care (excluding inpatient stay)
Skilled Nursing	90% after deductible up to 70 eight hour shifts per calendar year	80% of the amount network health care professionals have agreed to accept for their services (100 days for each admission)	Covered at 100% after inpatient hospital Copayment or Coinsurance has been met.
Home Health Care	90% after deductible up to 90 visits per calendar year	80% of the amount network health care professionals have agreed to accept for their services (100 visits per year)	80% (100 visits per year)
Outpatient Therapy (physical, occupational, speech)	80% after deductible, 60 day max per course of treatment	80%, combined limit of 30 visits for physical therapy and occupational therapy; and 30 visits for speech therapy per calendar year	\$25 copay, combined limit of 30 visits for physical therapy and occupational therapy; and 30 visits for speech therapy per calendar year



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Emergency Room	90% after \$350 copay per visit, waived if admitted 50% after deductible plus \$350 copay for non-emergency care	100% after \$250 copay, waived if admitted No coverage for non-emergency use of emergency room	100% after \$200 copay, waived if admitted
Urgent Care	100% after \$30 copay	100% after \$40 copay	100% after \$20 copay
Ambulance	80% after deductible	\$150 copay per transport	\$150 copay per transport
Inpatient Mental Nervous	90% after deductible plus \$200 per confinement fee (no day max)	100% after \$300 copay per day (not to exceed \$1,500) for an admission	100% after \$200 copay per day (not to exceed \$1,000) for an admission
Outpatient Mental Nervous	100% after \$45 copay per visit; no deductible	100% after \$20 copay per visit for medication management, individual therapy up to 30 minutes in length and group therapy 100% after \$30 copay per visit for other mental health visits	100% after \$20 copay
Inpatient Substance Abuse	90% after deductible plus \$200 per confinement fee	100% after \$300 copay per day (not to exceed \$1,500) for an admission	100% after \$200 copay per day (not to exceed \$1,000) for an admission
Outpatient Substance Abuse	100% after \$45 copay per visit; no deductible	100% after \$20 copay per visit for medication management, individual therapy up to 30 minutes in length and group therapy 100% after \$30 copay per visit for other substance abuse health visits	100% after \$20 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: \$10 Preferred brand-name drugs: \$40 Non-preferred brand-name drugs: \$60 Specialty drugs: 20% coinsurance with a \$250 maximum MAIL ORDER Generic drugs: \$25 Preferred brand-name drugs: \$100 Non-preferred brand-name drugs: \$150	Generic drugs: \$25 Preferred brand-name drugs: \$75 Non-preferred brand-name drugs: \$125 Specialty drugs: 20% coinsurance with a \$250 maximum MAIL ORDER Generic drugs: \$63 Preferred brand-name drugs: \$188 Non-preferred brand-name drugs: \$313
Vision Exam	Eye Exam - 100%, no copay; Eyewear 100%, no copay up to \$150 max per calendar year (Aetna Vision Discounts also available)	100% after \$15 copay for annual routine eye exam, Discounts on eyewear	100% after \$20 copay for annual routine eye exam

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

