



Northern Mariana Islands

Retirement Fund



aetnaSM

Important news about your 2014 health plan

For active and retired employees of the CNMI Government

The CNMI Government has designed a comprehensive, flexible benefits program that enables you to choose the right mix of coverage and benefit plans that meet your personal and family needs.

Like most employers, we are facing dramatic increases in health care costs each year. To keep pace with these increases and continue offering competitive benefits, we are offering two medical plan options for you to choose from. Details are provided in the Plans at a Glance grid on the following page.

Each of the plans offers comprehensive benefits, including prescription drugs and access to qualified professionals. Read about each plan before making your elections as there are differences in providers and the coverage levels for specific benefits.

PPO Low Option

The PPO Low Option requires that all non-emergency care be received in the PPO network within the CNMI and Guam. No referrals are required to see specialists. Overseas care is covered. Members will be defaulted into this plan. If you live outside of the CNMI or Guam, you will need to actively enroll in the PPO High Option because the PPO Low Option is not available outside the CNMI and Guam.

PPO High Option

The PPO High Option allows you to seek care from any provider but offers significant savings if you choose an Aetna PPO network provider. This network is available both in the continental United States, the CNMI and Guam. You also have the option to go out of network within the continental United States. This plan also does not require referrals to see

specialists. Overseas care is covered. If members would like to elect this plan, they will need to actively enroll.

Finding an Aetna PPO Provider

If you are using NetCare providers, visit www.aetnainternational.com and follow the instructions to register. Then, you will make the following selections:

1. Select: Member
2. Select: Member on U.S.-based plans
3. Enter your user name and password
4. Select: Find Health Care
5. Select: International Direct Settlement providers
6. Select Northern Mariana Islands*

*Claims incurred on Guam or Saipan will be processed under the preferred (and non-preferred, if on the High Option PPO) benefit level(s).

Cost Sharing

You will meet an annual deductible before the plan pays benefits. For this new plan year, you will pay a certain amount of health care expenses before the plan starts to pay its share. The deductible will apply to all covered expenses except preventive care and prescription drugs.

The new deductible will begin on March 1, 2014. Any deductible you met between January 1, 2014 and February 28, 2014 will be credited towards your new March 1, 2014 deductible.

For help and information

If you have questions about the changes, you may call Aetna International Member Services at 1-800-231-7729 (toll free) or visit the CNMI Government website at www.nmiretirement.com.



Plans at a Glance

	PPO LOW OPTION			PPO HIGH OPTION		
	INTERNATIONAL (OUTSIDE U.S.)	IN NETWORK (CNMI AND GUAM ONLY)	U.S. OUT OF NETWORK (CONUS)	INTERNATIONAL (OUTSIDE U.S.)	U.S., IN NETWORK CNMI, GUAM AND CONUS	U.S. OUT OF NETWORK
Plan Features						
Individual Deductible	\$500	\$500	Not covered	\$500	\$500	\$1,500
Family Deductible	\$1,500	\$1,500	Not covered	\$1,500	\$1,500	\$4,500
Individual Payment Limit	\$5,000	\$5,000	Not covered	\$6,350	\$6,350	\$10,000
Family Payment Limit	\$10,000	\$10,000	Not covered	\$12,700	\$12,700	\$20,000
Lifetime Maximum	Unlimited					
Wellness Benefits						
Routine Physical Exam <i>Age 22-65: 1 exam/12 months, age 65+: 1 exam/12 months. Includes immunizations</i>	100%	100%	Not covered	100%	100%	Not covered
Well Child/Baby Exams <i>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22. Includes immunizations.</i>	100%	100%	Not covered	100%	100%	Not covered
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	100%	100%	Not covered	100%	100%	Not covered
Mammograms <i>Unlimited visits per calendar year</i>	100%	100%	Not covered	100%	100%	Not covered
Prostate Specific Antigen (PSA) <i>Includes 1 PSA per calendar year for males 40+</i>	100%	100%	Not covered	100%	100%	Not covered
Unlimited lifetime maximum <i>Includes 1 DRE per calendar year for males 40+</i>	100%	100%	Not covered	100%	100%	Not covered
Cancer Screening <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 50+ 1 colonoscopy every 10 years</i>	100%	100%	Not covered	100%	100%	Not covered
Routine Hearing Exam <i>Includes one routine exam every 24 months.</i>	100%	100%	Not covered	100%	100%	Not covered
Routine Vision Exam <i>Covered under medical) Includes one routine exam every 24 months</i>	100%	100%	Not covered	100%	100%	Not covered
Physician Services						
Physician Office Visits	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Allergy Testing and Treatment	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Allergy Injections	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Hospital Services						
Inpatient	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Outpatient	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Emergency Room	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	80% after deductible
Urgent Care	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Mental Health & Alcohol/Drug Abuse Services						
Inpatient	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Outpatient	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Prescription Drug Coverage						
Generic Drugs	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Formulary Brand Name Drugs	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Non-Formulary Brand Name Drugs	50% after deductible	50% after deductible	Not covered	50% after deductible	50% after deductible	50% after deductible
Other Services						
Skilled Nursing Facility <i>60 Days per calendar year per calendar year</i>	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Hospice Care Facility Inpatient <i>30 Days lifetime maximum</i>	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Hospice Care Facility Outpatient <i>Unlimited lifetime maximum</i>	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Home Health Care <i>150 visits per calendar year combined, includes Private Duty Nursing per calendar year</i>	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Durable Medical Equipment <i>Unlimited maximum per calendar year</i>	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Spinal Disorder Treatment <i>15 visits per calendar year</i>	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Short-Term Rehabilitation <i>Includes coverage for Occupational, Physical and Speech Therapies; 20 Visits combined maximum visits per calendar year</i>	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Diagnostic Outpatient X-ray	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Diagnostic Outpatient Lab	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible
Hearing Aids <i>1 hearing aid per ear to \$750 maximum per ear every 5 years</i>	80% after deductible	80% after deductible	Not covered	80% after deductible	80% after deductible	50% after deductible