



2025  
**Benefit  
Guide**

January 1 - December 31, 2025

# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer our NAF Overseas employees a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you are a regular employee and work 20 or more hours per week (35 hours or more per week for LTD). You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## Relationship Documentation Requirement

### Spouse

- ▶ Copy of Marriage Certificate or copy of presently valid affidavit or declaration of Common Law Marriage

### AND

- ▶ A copy of the first page of the latest federal tax Form 1040 that indicates “married filing jointly; or copy of the first page of the latest federal tax Form 1040 that indicates “married filing separately” (spouse’s name must appear on the line provided after the “married filing separately” status).

### Biological Child

- ▶ Copy of Birth Certificate.
- ▶ Proof of name if your adult child’s last name is different from the name on his or her birth certificate. Examples of proof documents are marriage certificates and court documents.

### Step-Child

- ▶ Copy of Birth Certificate and copy of Marriage Certificate showing the union of employee and natural parent.
- ▶ Proof of name if your adult child’s last name is different from the name on his or her birth certificate. Examples of proof documents are marriage certificates and court documents.
- ▶ Foster, adopted, or children under your legal guardianship
- ▶ Copy of Birth Certificate and Court Order recognizing Guardianship/Placement with the employee.
- ▶ Proof of name if your adult child’s last name is different from the name on his or her birth certificate. Examples of proof documents are marriage certificates and court documents.

### Disabled Child age 26+

- ▶ Copy of Birth Certificate and Handicap Forms provided by the carrier for completion by you and the child’s treating physician

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the date of hire or date application is signed.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2025.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse’s plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns\*).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

\*Other proof of birth may be submitted if birth certificate is not received within 31 days.

# Inside

- Medical
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
- Health Reimbursement Accounts (HRA)
- Life and AD&D Insurance
- Disability Insurance
- Employee Assistance Program (EAP)
- Retirement Plans
- Contact Information

# Enrollment

Please fill out and return enrollment forms to Human Resources.

*Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

# Medical

---

**We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage.** The plans also offer many resources and tools to help you maintain a healthy lifestyle.

## **Aetna International Traditional Choice Medical Plans**

These plans give you the freedom to seek care from the provider of your choice. The calendar-year deductible must be met before certain services are covered.

For complete coverage details, please refer to the Summary Plan Description (SPD) at [www.nafhealthplans.com](http://www.nafhealthplans.com).



# Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD) at [www.nafhealthplans.com](http://www.nafhealthplans.com).

Key Medical Benefits	Aetna International Traditional Choice® Indemnity Medical Plan	Aetna International Traditional Choice® High Deductible Health Plan
	Plan Benefits	Plan Benefits
<b>Deductible</b> (per calendar year)		
Individual / Family	\$600 / \$1,800	\$1,650 / \$4,500
<b>Out-of-Pocket Maximum</b> (per calendar year)		
Individual / Family	\$5,000 / \$10,000	\$6,000 / \$12,000
<b>Company Contribution to Your Health Reimbursement Account (HRA)</b> (per calendar year; prorated for new hires/newly eligible)		
Individual / Family	N/A	\$500 / \$1,000
<b>Covered Services</b>		
Office Visits (physician/specialist)	80%*	75%*
Routine Preventive Care	100%	100%
Outpatient Diagnostic (lab/X-ray)	80%*	75%*
Complex Imaging	80%*	75%*
Chiropractic	80%*	75%*
Ambulance	80%*	75%*
Emergency Room	80%*	75%*
Urgent Care Facility	80%*	75%*
Inpatient Hospital Stay	80%*	75%*
Outpatient Surgery	80%*	75%*
<b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3 / Tier 4)		
Retail Pharmacy (30-day supply)	\$10 / 25% min \$45; max \$70 / 35% min \$75; max \$200/40% min \$60; max \$125	0%*/ 35%* \$75 max / 50% max \$125   Specialty drugs: 50% max \$125
Mail Order (90-day supply)	\$20 / 25% min \$90; max \$140 / 35% min \$150; max \$400	0%*/ 35%* \$150 max / 50% max \$250

Coinsurance percentages shown in the above chart represent what the plan is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.



# Dental

## Aetna International Dental Plan

Following is a high-level overview of the coverage available.

Key Dental Benefits	Plan Benefits
<b>Deductible</b> (per calendar year)	
Individual / Family	\$100 / Family of 2: \$200 (2 times individual) / Family of 3: \$300 (3 times individual)
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)	
Per Individual	\$2,500
<b>Covered Services</b>	
<b>Preventive Services</b>	100%
<b>Basic Services</b>	80%*
<b>Major Services</b>	50%*
<b>Orthodontia</b> (Child & Adult)	50%: \$2,000 per individual per lifetime

Coinsurance percentages shown in the above chart represent what the plan is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

# Vision

We are proud to offer you a vision plan.

Following is a high-level overview of the coverage available.

Key Vision Benefits	Plan Benefits
<b>Routine Eye Exam and/or Contact Lenses Fitting</b> (one each per person per calendar year)	100%
<b>Lenses</b> Single Vision Bifocal Trifocal	100%
<b>Frames</b>	100%
<b>Contact Lenses</b>	100%, Maximum benefit of \$150
<b>Maximum Benefit for Prescription Eyewear; Lenses, Frames and Contacts</b>	\$150 maximum benefit per person per calendar year



# Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Inspira Financial. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2025, you may contribute up to \$3,200 to cover qualified health care expenses incurred by you, your spouse and your children up to age 24. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds of up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$640 will **NOT** be returned to you or carried over to the following year.

**Dependent Care FSA:** Unused funds will **NOT** be returned to you or carried over to the following year.

**You can incur expenses through December 31, 2025, and must file claims by February 15, 2026.**

*Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.*

# Health Reimbursement Account (HRA)

A Health Reimbursement Account (HRA) is an account that is provided by CNIC and paired with a High Deductible Health Plan (HDHP). The money in the HRA can help you meet the deductible and pay your share of qualified medical expenses. You may use the account to pay for eligible health care expenses, too.

## An HRA is available only to:

Overseas employees enrolled in an HDHP medical plan

## If you enroll in an HRA, CNIC will contribute:

- ▶ \$500 if you have employee-only coverage
- ▶ \$1,000 if you have family coverage

This will appear in your account at the beginning of the plan year.

Go to [nafhealthplans.com](http://nafhealthplans.com) for more information

# Life and AD&D Insurance

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D

This benefit is provided to you through MetLife. CNIC pays 1/3 of the Basic Life/AD&D coverage, members are responsible for the remainder.

<b>Benefit Amount</b>	1 times your base annual earnings plus \$2,000
-----------------------	--

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through MetLife for yourself and your eligible family members.

	<b>Benefit Option</b>	<b>Guaranteed Issue*</b>
<b>Employee</b>	1 to 6 times your base annual earnings to a maximum of \$750,000 combined with Basic Life	Lesser of 4 times your base annual earnings or \$500,000 combined with basic life
<b>Spouse</b>	\$10,000; \$25,000 or \$50,000	\$25,000
<b>Child(ren)**</b>	\$5,000 and \$10,000	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

\*\*Up to age 26 regardless of student status.

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Long-Term Disability

Provided through MetLife.

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$6,000
<b>When Benefits Begin</b>	The later of 60 days or expiration of your sick leave
<b>Maximum Benefit Duration</b>	Age 65 or Social Security Retirement Age
<b>Mental or Nervous Disorders or Diseases, Neuromuscular, Musculoskeletal or Soft Tissue Disorder, Chronic Fatigue Syndrome and related conditions</b>	If you are Disabled due to one or more of these conditions, your Disability benefits are limited to a lifetime maximum equal to the lesser of: • 24 months; or • the Maximum Benefit Period

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Magellan Healthcare.

## The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three (3) sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Go to [www.magellanhealth.com/global](http://www.magellanhealth.com/global) for more information.



# Retirement Plans

To help you save for retirement, CNIC offers two plan options.

## The CNIC Retirement Plan (Pension Plan)

If you are a regular full-time or part-time employee, you may enroll in the CNIC Retirement Plan as soon as you become eligible.

You are vested in the plan after five years of regular service. You can start receiving full benefits at age 62 (or 52, in a reduced amount). Survivor benefits are also available.

Benefits are increased by cost-of-living adjustments. The cost of the plan is 1% of your pensionable earnings bi-weekly.

## The CNIC 401(k) Plan

You may enter the plan after you have received your first paycheck and have attained the age of 18 years or older.

How much can I contribute to the plan? NOTE: The amounts shown below may increase for 2025, once announced by the IRS:

- ▶ Pretax 401(k) contributions are permitted from 1% - 100% of your salary.
- ▶ Contributions are subject to the plan and IRS contribution limits - \$23,000 in 2024.
- ▶ If you are age 50 or older by December 31, you may qualify to make additional pretax, “catch-up” contributions - \$7,500 in 2024 (combined annual limit is \$30,500 in 2024).

## Does CNIC make any contributions?

- ▶ For every dollar you put in the plan, CNIC will match your savings up to a maximum of 3%.

## What does vesting mean?

- ▶ Vesting refers to your “ownership” of a benefit from your plan.

You will be vested in the CNIC NAF 401(k) Savings Plan according to the following schedule:

- ▶ You are always 100% vested in the money you contribute to the plan and the earnings on that money.
- ▶ You will be vested in the employer contribution after 1 year of service.

**You can enroll in the plan, access your account, and make changes two easy ways:**

**Online:** [www.principal.com](http://www.principal.com)

**By phone:** 800-547-7754



# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Aetna International	1-888-506-2278 (outside the USA, via AT&T + access code) •	<a href="http://www.aetnainternational.com">www.aetnainternational.com</a>
Flexible Spending Accounts (FSAs)	Inspira Financial	1-800-416-7053	<a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>
Health Savings Accounts (HSAs)	Inspira Financial	1-844-729-3539	<a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>
Dental	Aetna International	1-888-506-2278 (outside the USA, via AT&T + access code) •	<a href="http://www.aetnainternational.com">www.aetnainternational.com</a>
Vision	Aetna International	1-888-506-2278 (outside the USA, via AT&T + access code) •	<a href="http://www.aetnainternational.com">www.aetnainternational.com</a>
Life/AD&D	MetLife	1-800-638-6420, Prompt 1 - Statement of Health Questions, Prompt 2 - Life Claim Questions	<a href="http://www.metlife.com">www.metlife.com</a>
Disability	MetLife	1-800-243-8786	<a href="http://www.metlife.com">www.metlife.com</a>
Employee Assistance Program (EAP)	Magellan Healthcare	Please see Magellan website for appropriate number	<a href="http://www.magellanhealth.com/global">www.magellanhealth.com/global</a> Company Code: CNIC
401(k)	Principal	1-800-547-7754	<a href="http://www.principal.com">www.principal.com</a>

## Questions?

If you have additional questions, you may also contact:

CNIC HR - Headquarters at 1-855-271-4616 | [HealthBenefits.fct@navy.mil](mailto:HealthBenefits.fct@navy.mil)

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.  
**Annual Notices:** Various federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

