

The cover features a blue sky with white clouds as a background. On the left, there is a red curved shape. The text 'USAF' is written vertically in white on the red shape. 'NAF' is written in large blue letters, with a blue and yellow arrow pointing right through the 'A'. To the right of 'NAF', '2016 Benefits Guide' is written in a smaller blue font. A yellow swoosh underline is positioned below the 'NAF' text.

USAF NAF 2016 Benefits Guide

Your DoD Nonappropriated Fund (NAF) employer provides benefits and programs with you in mind. Take the time to learn about all of the programs and services that are available to you.

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Your 2016 Benefits Enrollment Guide

To All Employees,

Thank you for taking care of our Airmen and their families who depend on the vital services you provide daily. Your hard work is appreciated!

We know how important it is to you to have strong employee benefits. Our benefits plans and programs are available to support you and your family. The Air Force Nonappropriated Fund (NAF) offers many benefits to employees and their families. Some of them such as medical and dental insurance, provide preventive and other valuable coverage for you and your family. Health Care Flexible Spending Accounts (HCFSAs) and Dependent Care Flexible Spending Accounts (DCFSAs) allow you to pay for eligible out-of-pocket expenses with pre-tax dollars. The Group Life Accidental Death and Dismemberment insurance protects your family in the event of your disability or death. You may also contribute to the Air Force Retirement Fund and 401(k) Plan, which allows you to plan for your future finances after retirement.

Each year, during Open Enrollment, you have the opportunity to learn about the plans offered and choose what is best for you and your family. This guide provides a general overview and does not take the place of the official Plan Documents.

Read the guide carefully and make your choices wisely. Your local Human Resources teams are always available to assist you.



Thaddeus G. Fernandez, PHR
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Your Air Force NAF Benefits Program **Chart Your Course**

Who is eligible?

All benefits plans participants must be employed on the U.S. dollar payroll, have a Social Security Number (SSN) or Individual Tax Identification Number (TIN), be subject to U.S. income tax, and not subject to a Status of Forces Agreement provision that precludes eligibility.

Benefits Plan	Regular	Additional Eligibility Time Frame	Initial Enrollment Time Frame	After Initial Enrollment
Medical/Dental	✓		Within 31 days of hire date or attaining eligibility	Open Enrollment
Stand Alone Dental	✓	Regular employees not enrolled in Medical/Dental Plan	Within 31 days of hire date or attaining eligibility	Open Enrollment
Health Care Flexible Spending Account (HCFSA) and Dependent Care Flexible Spending Account (DCFSA)	✓		Within 31 days of hire date. For continued participation, must re-enroll during Open Enrollment. Enrollments and plan changes are not accepted from November 1 st through December 31 st	Open Enrollment New Hires may enroll within 60 days of hire or the day you become eligible to participate with a Qualified Life Event.
Basic Group Life Insurance	✓		Within 31 days of hire date or attaining eligibility	With Evidence of Insurability
Supplemental Life Insurance	✓	Regular employees must be enrolled in Basic Group Life Insurance	Within 30 days of hire date. Evidence of Insurability is required for anyone age 60 years or older. Evidence of Insurability is required if under age 60 and supplemental Life Coverage exceeds \$100,000	With Evidence of Insurability
Dependent Group Life Insurance	✓	Regular employees must be enrolled in Basic Term Life Insurance	Within 30 days of hire or acquiring a dependent	With Evidence of Insurability
Retirement	✓		If enrolled immediately within 30 days, after a one-year waiting period, credit service is given for the one-year waiting period	Enroll at any time, will not be given one-year credit for waiting period
401(k)	✓		Complete 30 days of service	Enroll at any pay period

Open Enrollment **Medical and Dental Plans**

During Open Enrollment, you may make medical and dental plan choices and changes. You can join a plan that you have not had before. You can switch from one plan to another. You can also add dependents (supporting documentation is required) or remove dependents from your coverage. During the year, you may also add a new dependent to or remove a dependent from your medical or dental coverage if the changes are completed within 31 days of the HIPAA Special Enrollment rules.

During Open Enrollment, go to www.nafhealthplans.com to view benefit summaries that show deductible amounts and cost-sharing information for the medical and dental plans offered. You may view newsletters and other helpful documents that provide more information about the medical and dental plans. Enrollment forms are also available online and must be completed and submitted to your Human Resource (HR) representative within 31 days of eligibility or during the Open Enrollment period.

When are you eligible?

If you are a new hire or newly eligible employee, you may enroll yourself and your family for medical and dental benefits during your eligibility period. Your eligibility period is the 31-day period from your hired date. If you do not enroll during your eligibility period, you will need to wait until the next Open Enrollment or HIPAA Special Enrollment.

Medical Benefits

Air Force NAF health benefits are offered as part of the DoD NAF Health Benefits Program. Health benefits include medical, dental, vision and prescription drug coverage. There are three Aetna medical plans available, based on where you live.

The Aetna Choice® POS II Plan is available to employees who live within Aetna's Choice network area. The plan gives you the freedom to use any licensed doctor, facility or other provider when you need care. When you use providers who belong to Aetna's network, you pay less out of your own pocket for care. Network providers also file claims for you, so there is no need to pay for care at the time you receive it, other than a copay, if applicable.

Note: In 2016, the Aetna Open Choice® PPO Plan will be replaced with the Aetna Choice POS II Plan. The plan's benefits and coverage will remain the same. With this change, member and the plan will enjoy more savings as a result of greater negotiated provider costs. If you are enrolled in the Aetna Open Choice PPO Plan, you will receive new Aetna ID cards in the mail in January. When you use the public DocFind® search tool on www.aetna.com and you are asked to "select a plan," you will choose Aetna Choice POS II under Aetna Open Access Plans.

Aetna's network is large and nationwide. You may verify if the doctors and other health care providers belong to the Aetna Network by using DocFind at www.aetna.com. Refer to page 5 for more information on DocFind.

The Aetna Traditional Choice® Plan is available to employees who do not live within the Choice POS II network. With Traditional Choice, you may use any licensed health care provider. You must meet a deductible each year. Then, you and the plan share the cost of covered services. You pay the full cost for care when you receive it. Then, you file a claim to be reimbursed for your share of costs covered by the plan.

The Aetna International Traditional Choice® Plan is available to employees who live overseas. The plan's benefits are the same as described for the Traditional Choice Plan. In addition, plan participants can take advantage of special services. These include helping you find health care services around the world and helping with claims. You can also find helpful information and tools online at www.aetnainternational.com.



Prescription Drug Benefits

When you enroll in an Aetna medical plan, you will also have prescription drug benefits. These help you save money when you fill short-term or long-term prescriptions. There are three levels, or “tiers,” of benefits, as shown in the chart below.

Using a Participating Retail Pharmacy	Your Cost for Up to a 30-Day Supply
Tier One — Generic drugs	\$10 copay
Tier Two — Preferred brand-name drugs	\$35 copay
Tier Three — Non-preferred brand-name drugs	35% of the Aetna-negotiated price with a minimum of \$60 and a maximum of \$125
Tier Four — Specialty drugs	40% coinsurance with a minimum of \$60 and a maximum of \$125
Using the Mail-Order Service	Your Cost for Up to a 90-Day Supply*
Tier One — Generic drugs	\$20 copay
Tier Two — Preferred brand-name drugs	\$70 copay
Tier Three — Non-preferred brand-name drugs	35% of the Aetna-negotiated price with a minimum of \$120 and a maximum of \$250

*For up to a 30-day supply, the retail copays listed above will apply.

A *participating retail pharmacy* is one that belongs to Aetna’s network. You can fill short-term (up to a 30-day supply) prescriptions at participating pharmacies in the U.S., District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. Just bring your prescription and Aetna member ID card. You’ll pay your share of the cost at the time of purchase. You can find participating pharmacies by using DocFind at www.aetna.com. Find more information about DocFind, on the next page.

A *preferred brand-name drug* is a medication on Aetna’s preferred drug list. The list includes medications (generic and brand name) covered under your plan. All drugs on the list are chosen based on quality and cost-effectiveness. You can view the preferred drug list on your secure Aetna Navigator® member website. Log in at www.aetna.com and click on the Aetna Pharmacy tab on your home page.

NEW! Choose Generics program

Choose Generics is a benefit program that encourages you and your prescribing doctor to choose generic drugs in order to save money. It focuses on Tier Three brand-name drugs that have a generic alternative. This program does not apply to Tier One, Tier Two or Tier Four specialty drugs. To get the lowest cost for your prescriptions, your health plan encourages you to use generic drugs when available. This will help you save money each time you fill a prescription. You’ll pay more for brand drugs. If a generic drug is available and you choose the brand instead, you’ll pay the difference in actual cost between the brand and the generic plus the brand copay that applies. Below are two examples of how the Choose Generics program works.

		Actual drug cost	Current copay*	Choose Generics (actual brand cost – actual generic cost + brand copay)	Choose Generics cost**
Treats cholesterol					
Lipitor® 20mg	Brand	\$274.82	\$96.19	$\$274.82 - \$9.41 + \$96.19 = \361.60	\$274.82
Atorvastatin	Generic	\$9.41	\$10.00		\$9.41
Treats fluid retention in people with congestive heart failure, liver disease or a kidney disorder					
Lasix® 40mg	Brand	\$73.09	\$25.58	$\$73.09 - \$13.78 + \$60.00 = \119.31	\$73.09
Furosedmide	Generic	\$13.78	\$10.00		\$10.00

*Current copay for generic is \$10 or actual cost of drug if less, up to a 30-day supply; Current copay for Tier Three Brand is 35% of actual cost of drug with \$60 minimum and \$125 maximum.

**You will never pay more than the actual cost of the brand.

Note: Actual cost of any single medication varies by dosage, geographic area and by retail pharmacy. These examples are based on the San Antonio, Texas area.

Dental Benefits

The DoD NAF Health Benefits Program includes two dental plans.

The Aetna Passive PPO Dental Plan or International Dental Plan.

When you enroll in an Aetna medical plan, you are eligible to enroll in the Passive PPO Dental Plan. With this plan, you may visit any licensed dentist and be reimbursed for your dental care expenses. For employees on the Aetna Passive PPO Dental Plan, you save when you use dentists who belong to Aetna's dental network, since those dentists provide their services at lower Aetna-negotiated rates. You can find them listed on DocFind. Read on for more information about DocFind.

The Stand Alone Dental Plan. If you want just dental benefits, you can choose the Stand Alone Dental Plan. This plan cannot be combined with any of the Aetna medical plans offered under the DoD NAF Health Benefits Program.

You will find detailed information about each of these plans at www.nafhealthplans.com.

Your 2016 Contributions for Aetna Health Plans

The chart below shows your bi-weekly 2016 contributions for the Aetna medical and dental plans.

Plan	Individual Coverage	Family Coverage
Medical Plan	\$75.71	\$189.28
Dental Plan (Offered with Medical Plan)	\$4.26	\$10.66
Medical and Dental Plan	\$79.58	\$199.94
Stand Alone Dental Plan	\$18.44	\$43.62

Medical and Dental Coverage After Retirement

You may continue medical only, or medical and dental coverage after you retire. To continue coverage, you must be enrolled in the medical and/or dental plan on the day before retirement, have 15 years of accumulated participation in a DoD NAF-sponsored medical and/or dental plan, and be the recipient of an immediate NAF Annuity. Please note different rules may apply to involuntary portability employees, and there is no continuation of the Stand Alone Dental Plan after

Aetna Navigator: Your Secure Member Website

Aetna Navigator is your secure, self-service member website, accessed from www.aetna.com. Once you enroll in an Aetna plan, you can register to use the site. When you log in, you will arrive at your personal home page. From there, you can take care of benefits-related tasks, use helpful tools and look up a variety of information, contact Aetna Member Services with questions and requests and much more.

To use Aetna Navigator, you'll need to register. It's easy. Just go to www.aetna.com and click "Register." If you need help, click on the "Ask Ann" link. Ann, Aetna's Virtual Assistant, can help with registration, passwords, answers to questions and finding what you want on the site.

There's an Aetna Mobile app! If you have a smartphone, you can use it to log in to Aetna Navigator at www.aetna.com. Then, you can look for a doctor, check on claims, look up drug costs, view your Aetna member ID card front and back, contact Member Services and more. Download your free Aetna app from the App StoreSM or Google PlayTM.

DocFind

To locate doctors, hospitals, specialists, dentists, and pharmacies who participate in Aetna's network, use DocFind, Aetna's online provider directory. To access DocFind:

- ★ Go to www.aetna.com.
- ★ If you are an Aetna member and registered with Aetna Navigator, you can log in. On your home page, click on "I want to . . . Find a Doctor, Dentist or Facility."
- ★ If you are not yet an Aetna member, click "Find a Doctor" on Aetna's home page. Then click the Search button to enter DocFind's public site.
- ★ Once in DocFind, provide the geographic information requested to start your search.
- ★ Choose a Provider Category (medical, dental, pharmacy, etc.).
- ★ Choose a Provider Type (such as primary care, specialist, dentist, pharmacy, urgent care facility, walk-in clinic, etc.).
- ★ Under Select a Plan, scroll down to find Aetna Standard Plans and select Aetna Choice POS II under Aetna Open Access Plans for medical providers. For dental providers, select Dental PPO/PDN.

If you are enrolled in Traditional Choice, you can use DocFind to locate network dentists near you. Just follow the directions above and select Dental PPO/PDN under Aetna Standard Plans.

Aetna Health and Wellness Programs

When you enroll in an Aetna medical plan, you can take advantage of special programs that help you live healthier.

In 2016, we are offering a new and improved **Health Incentive Credit program** where you'll be able to earn \$250 for employee only coverage and \$600 for family coverage. Health Incentive Credits are applied automatically to your deductible and coinsurance, but not to copay amounts. Any credits remaining at the end of the year roll over to the next plan year(s), for up to three years.

Before you can begin earning any Health Incentive Credits you must complete the Health Assessment before you are able to earn any of the credits. The Compass® Health Assessment is a new and improved questionnaire that takes just 10 minutes to complete. You answer questions about personal and family health history, lifestyle habits, recent health screening results and other health factors. To take the assessment, log in at www.aetna.com and click "I want to . . . Take a Health Assessment" on your home page.

The chart below shows the activities you can complete to earn credits:

Activity	Health Incentive Credit amount	Calendar year maximum
You and your covered spouse/same sex domestic partner (SSDP) must complete the Health Assessment to earn any incentives. No other activities will earn an incentive until the assessment is completed.		
Complete metabolic syndrome screening before April 1, 2016	\$150 each	\$150 for employee only and \$300 for employee and covered spouse/SSDP
Complete metabolic syndrome screening between April 1 and December 31, 2016	\$100 each	
Disease Management (DM) goal* – complete 3 calls with a DM nurse	\$100 each	\$200 for employee only or \$400 for family
Complete online Journey® (average time 32 days)	\$50 each up to 4 Journeys	
Dependent children under age 18		
Complete preventive exam for children under age 18	\$50 for each child per year	
For all activities, you can earn up to the calendar year maximum of \$250 for employee or \$600 for family.		

*This program is not available to overseas employees.

Metabolic syndrome is a group of five risk factors that raise your risk of developing conditions such as heart disease and diabetes. A metabolic screening measures your risk factors for blood pressure, blood sugar or glucose, triglycerides, central obesity and HDL cholesterol. If you have three or more of the risk factors, you may have metabolic syndrome. It is important to start working to reduce any risk factors you may have now in order to prevent a serious health condition, such as a heart attack or stroke. In many cases, these factors can be positively impacted by lifestyle changes, such as regular exercise and eating a healthy diet.

Metabolic syndrome screening — Earn up to \$150 Health Incentive Credit (if completed by April 1, 2016; \$100 after April 1, 2016)

Once you have had your screening, you will receive a report that explains your results. You can share this report with your doctor and use it to talk about ways to improve your results — and your health. There is no cost to you for this important screening — this is a free service for all eligible employees and their covered spouses/same sex domestic partners (SSDPs). Visit the Wellness & Resources tab on www.nafhealthplans.com to learn more and watch for more details coming about onsite screening locations and registering for this important screening.

Disease Management goal (complete 3 calls with a disease management nurse) — Earn a \$100 Health Incentive Credit

If you or your covered spouse/SSDP live with one or more chronic medical conditions (such as asthma, diabetes, osteoporosis and others), help is available from Aetna's disease management program. The program covers over 35 conditions and provides one-on-one support to help participants understand and follow treatment regimens, make healthy lifestyle changes and avoid health complications. You'll be matched with a disease management coach who will create an action plan and set goals for your path to better health. Complete 3 calls with a disease management nurse and you'll earn a health incentive credit.

Online Journeys — Earn a \$50 Health Incentive Credit for each Journey completed

Online Journeys are another part of the wellness program. When you complete the health assessment, you'll get an action plan with recommended online health coaching programs. You can follow the programs at your own pace to lose weight, eat healthier, start an exercise program, manage stress or even get a better night's sleep without medication. Each program features "Journeys" that tailor tools and content to your particular needs and goals. The average time to complete a Journey is 32 days. You earn an incentive credit for each Journey completed (up to four Journeys total for employee and covered spouse/SSDP).

Well child exam — Earn a \$50 Health Incentive Credit

In 2016, incentive credits will be awarded for preventive exams received by children under age 18 only.

Save money with Teladoc®

Teladoc is a service that lets you consult with primary care physicians (including pediatricians) by phone or video chat, 24/7 — for just a \$10 copay. Talk with a doctor who can provide treatment and prescribe medication for conditions such as colds and flu, allergies, bronchitis and more. For more information and to register for Teladoc, go to www.teladoc.com or call 1-800-Teladoc (835-2362).

Teladoc is not available to overseas employees and may not be available in all states.

Health Care and Dependent Care Flexible Spending Accounts

What is a Flexible Spending Account (FSA)?

An FSA is a tax-favored program that allows employees to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars. By using pre-tax dollars to pay for these expenses, an FSA saves you money by giving you an immediate discount on these expenses that equals the taxes you would otherwise pay on that money.

There are two types of FSAs:

- The Health Care Flexible Spending Account (HCFSA) – used to pay for qualified medical costs and health care expenses that are not paid by your health benefits plan or any other insurance. Eligible expenses include prescriptions, glasses, contact lenses and laser eye surgery, orthodontia and more.
- The Dependent Care Flexible Spending Account (DCFSA) – used to pay for eligible dependent care expenses such as child care for children under age 13 or day care for anyone who you claim as a dependent on your federal tax return who is physically or mentally incapable of self-care. Eligible expenses can also include before and after school care, summer day camp and more.

The Air Force FSA program includes a 2 ½ month grace period for both accounts. During the grace period, eligible expenses incurred from January 1 through March 15 of the following year can be applied towards your prior year's balance. You must be actively participating as of December 31 to be eligible for the grace period. The intent is to help account holders avoid forfeiting any of the funds they deposited in FSA accounts. It's important to carefully consider the amount you choose to elect.

What is the maximum and minimum amounts I can elect on my FSA accounts?

The maximum you can elect for a benefit period is \$2,550 for the HCFSA, and \$5,000 for the DCFSA per household. The minimum amount is \$100 for both accounts.

How do I enroll?

You can enroll online during Open Enrollment at <https://airforcenaf.adp.com> or if you have questions you may contact the Air Force FSA Service Center, at 1-844-842-1400, Monday through Friday, 8:00 a.m. to 8:00 p.m. Central Time.

Please note: You do not need to be enrolled in an employer-sponsored health plan to elect an FSA.

Learn More

Visit www.nafhealthplans.com to learn more about your medical and dental benefits as well as the Air Force FSAs.

Life Insurance Benefits

Three life insurance plans are available to help you protect your family's financial security.

Basic Term Life and Accidental Death and Dismemberment Insurance

For regular employees only

Basic Term Life coverage and Accidental Death and Dismemberment (AD&D) insurance pays a benefit based on your yearly earnings. You have 30 days from your date of hire or the day you become eligible to enroll in Group Basic Term Life coverage without providing medical Evidence of Insurability.

	Group Eligibility	Amount of Insurance
Class 1	All regular eligible active employees whose basic yearly earnings is \$48,000 or less	The lesser of your basic yearly earnings, rounded to the next higher \$1,000 if not already a multiple thereof, times one and one-half; or \$50,000
Class 2	All regular eligible active employees whose basic yearly earnings are more than \$48,000	Your basic yearly earnings, rounded up to the next higher \$1,000 if not already a multiple thereof, plus \$2,000

Contact your local Human Resource representative for cost of coverage.

Supplemental Life Insurance

For regular employees only

Regular employees who elect Basic Term Life may also elect Supplemental Life insurance. You have 30 days from your date of hire or the day you become eligible to join Supplemental Life insurance without providing medical evidence of insurability, and if you are under the age of 60 or purchasing less than \$100,000 of Supplemental Life insurance coverage. If coverage exceeds \$100,000, you will need to go through Evidence of Insurability (EOI).

If you are over age 60 and wish to purchase supplemental Life Insurance coverage, you will need to go through EOI.

Supplemental Life insurance coverage allows you to elect one or two times your Basic Term Life coverage. The cost of coverage is 100% employee paid. The maximum Supplemental Life coverage is \$200,000. Supplemental Life insurance coverage is not available for retirees or former employees.

Contact your local Human Resource representative for cost of coverage.

Dependent Group Life Insurance

For active employees only

Dependent Group Life insurance lets you cover your spouse and unmarried dependent children.* Regular employees participating in Group Basic Term Life are eligible for Dependent Group Life without medical EOI within 30 days of hire or attaining eligibility, or acquiring a dependent — whichever is later.

You have two dependent coverage options, as shown below:

	Spouse	Dependent Children
Option 1 (low)	\$5,000	\$2,500
Option 2 (high)	\$10,000	\$5,000

*Children between ages 19 and 23 may continue to be covered if they are full-time students. You will need to provide proof of their student status. Contact your local Human Resource representative for cost of coverage.



Retirees or Former Employees

If you are age 62 years old or older and have participated in Basic Term Life for 15 years, coverage will continue at no cost to you!

About Beneficiary Designation

When you enroll in Basic Group Life or Supplemental Life insurance coverage, you must choose a beneficiary. This is the person to whom benefits are paid in the event of your death.

Remember, it is your responsibility to update your beneficiary choices in the event of certain life events. Examples include marriage, divorce, birth or adoption of children, or the death of a named beneficiary. The form is located on www.usafservices.com.

Legacy Planning Services

Employees, spouses/domestic partners and dependents can access resources designed to help individuals and families work through end-of-life issues when dealing with the loss of a loved one or planning for their own passing. These resources are available at www.legacyplanningservices.com.

Retirement Plans

The Air Force (AF) NAF Retirement Plan

If you are a regular employee, you may enroll in the retirement plan after one year of regular service. If you join the plan within 30 days after the one-year period, you will receive one year of credited service free. If you are rehired and were participating in the AF NAF Retirement plan, you may redeposit contributions within 180 days to reinstate prior service.

Here is how your retirement plan and social security supplement work together for you:

When an AF NAF employee retires before age 62, the plan provides the temporary “supplement,” which is added to your benefit. The temporary supplement is based on years of participating AF NAF retirement service and estimated age 62 Social Security benefits earned while an AF NAF employee. When you turn 62, and are legally eligible for your Social Security benefits (regardless of whether you actually take them — for your own reasons), the temporary supplement portion stops. Your benefit after age 62 is your lifetime amount plus your actual Social Security benefits (if you take them).

Several retirement options are summarized below:

Return of Contributions. If you have less than five years of credited service, you will receive a refund of your contributions plus interest.

Deferred Retirement. If you are under 52 years of age and have completed at least five years of credited service, you may defer your retirement to age 52 or delay to age 62.

Normal Retirement. If you are 65 years of age, regardless of your years of credited service, you may retire with an unreduced annuity.

Voluntary Early Retirement. If you are at least 62 years of age and have completed at least five years of credited service; if you are at least 60 years of age and have completed at least 20 years of credited service; or if you are at least 55 years of age and have completed at least 30 years of credited service, you may also retire with an unreduced annuity.

Optional Early Retirement. If you are at least 52 years of age and have completed at least five years of credited service, you may retire with an annuity that will be reduced by four percent for each full year that your annuity commencement date precedes age 62.

Involuntary Retirement. If your employment is involuntarily terminated as a result of a business-based action and you have completed at least 25 years of credited service, or you are at least 50 years of age and have completed at least 20 years of credited service, you may retire with an annuity that will be reduced by two percent for each full year your annuity commencement date precedes your 55th birthday.

Survivor benefits are also available. If eligible, benefits may be increased by cost-of-living adjustments.

Military Service Credit

Buy-Back in the AF NAF Retirement Plan

A recent change to the AF NAF retirement plan now permits prior military members who meet certain criteria to buy back up to five years of military service for NAF retirement. The cost of the military service buy-back is 3.05% of gross annual salary for each year of service you buy back, up to a maximum of five years. The buy-back must be paid in one lump-sum payment and does not count toward the plan's five-year vesting requirement. Below is an example of the cost to you if your current annualized pay is \$25,000 and you decide to buy back three years of military service credit:

$$3.05\% \times \$25,000 \times 3 \text{ years of service} = \$2,287.50$$

Air Force 401(k) Plan

If you are a regular employee, you are eligible to participate in the 401(k) Plan after you have met the eligibility period, which is 30 days of regular service. You can make pre-tax contributions of up to 92% of your compensation, subject to IRS limits. When you contribute to the plan, your federal, state and Social Security taxes will be lower.

Employee Contribution	Employer Match
1%	1%
2%	2%
3%	2.5%
4%	3%

Here's an example of how the Air Force match works:

Savings and Employer Match

Employee election of 4% deferral on \$1,000 bi-weekly earnings:

Employee contribution 4% = \$40

Employer contribution 3% = \$30

A beneficiary designation is required for both the Pension Plan and 401(k) Plan. Remember, it is your responsibility to update your beneficiary designation as your life events change.

Contacts and Resources

The chart below shows telephone numbers and websites for the companies and organizations that administer your benefits on behalf of the Air Force Nonappropriated Fund.

Benefit Plan	Insurance Carrier/ Point of Contact	Internet Address
Medical/Dental Stand Alone Dental	Aetna Member Services 1-800-367-6276	www.aetna.com and www.nafhealthplans.com
Flexible Spending Account (FSA) Dependent Care and Health Care	ADP Service Center 1-844-842-1400	https://airforcenaf.adp.com
Group Life Insurance Basic, Dependent and Supplemental	AF Group Insurance 1-800-379-2867	www.usafservices.com USAF NAF Benefits
Air Force Group Health and Life Insurance Plans	Your Local Human Resources Office	www.usafservices.com USAF NAF Benefits
Air Force Retirement Plan	Your Local Human Resources Office	www.usafservices.com USAF NAF Benefits
401(k)	Wells Fargo 1-800-728-3123	www.wellsfargo.com/401k

This brochure highlights the key features of the Air Force Benefits Program, including the DoD NAF Health Benefits Program. It does not attempt to cover all plan details, which are contained in the official Plan Documents and insurance contracts that govern the various plans within the program. Please reference the Summary Plan Description (SPD), available for each plan, for a complete description of benefits, exclusions, limitations and conditions of coverage. Should there be any conflict in this brochure and the provisions of the legal documents and contracts, the terms of those documents and contracts will control. Google Play is a trademark of Google, Inc. The App Store is a trademark of Apple, Inc.

FSC