

Benefits BULLETIN

Special Information for PPO Participants

Anthem Will Be Your New Medical Plan Carrier

Starting July 1, 2008, Anthem Blue Cross will replace Blue Cross Blue Shield of Illinois as the carrier for the Premium and Preferred PPOs.

Use Your New Medical ID Card

If you enrolled by the enrollment deadline, you will receive a new medical ID card from Anthem by July 1, 2008.

You should begin using your new medical ID card as of July 1, 2008, and stop using your current Blue Cross Blue Shield of Illinois ID card. The first time you receive medical care during the new plan year (beginning July 1, 2008), be sure to show your new medical ID card to your health care provider. If you do not receive your new ID card from Anthem by July 1, 2008, please call Anthem at 1-866-504-9638.

Anthem uses the Blue Cross Blue Shield network of providers. Please note that depending on the state in which you live, you may see a different logo on your new medical ID card, as follows:

If you live in	You will see this logo on your new Anthem ID card
California	Anthem Blue Cross
Colorado, Connecticut, Georgia, Indiana, Maine, Michigan, Missouri, Nevada, New York, New Hampshire, Ohio, Virginia, Wisconsin	Anthem Blue Cross Blue Shield
All other states	Blue Cross Blue Shield

Important note: You will not receive a new ID card from Express Scripts (ES) for your prescription drug coverage unless you have made changes to your coverage.

New Customer Service Phone Number

With the change to Anthem, you will also have a new medical plan customer service number: 1-866-504-9638. You should call this number when you need help from an Anthem customer service representative, such as:

- To obtain precertification for care
- To ask about coverage rules
- To inquire about a claim
- To find out more about covered services.

The new toll-free number, 1-866-504-9638, will be listed on your new Anthem medical ID card. You'll also find useful information, such as claims information and benefit summaries, at the Anthem web site: www.anthem.com/ca.

Confirm All Precertifications With Anthem

If you are currently receiving any medical treatment for which you previously obtained precertification from Blue Cross Blue Shield of Illinois, you must call Anthem at 1-866-504-9638 before July 1, 2008 in order to confirm precertification with Anthem and continue treatment. **Anthem may not recognize precertification from Blue Cross Blue Shield of Illinois for certain services, so be sure to confirm any prior precertification.** Services that require precertification include:

- Hospital admissions and increases in lengths of stay. Maternity hospital stays for mothers and newborn children are considered medically necessary for at least 48 hours following a normal vaginal delivery or 96 hours following a caesarian birth
- Inpatient surgery
- Skilled nursing facility care
- Private duty nursing
- Home health care
- Home infusion therapy.

Confirm that Your Current Provider is in the Anthem Network

Anthem's provider network is the same as the network for Blue Cross Blue Shield of Illinois. However, because networks are updated periodically, you should confirm that your current provider will continue to participate in the network for the 2008 – 2009 plan year. To find a provider in the Anthem network, access Anthem's website at <http://www.anthem.com/ca> or call Anthem at 1-866-504-9638.

Access the New Care Management Program through Anthem

As an Anthem participant, you will have access to Anthem's care management program — 360 Degree Health, which features wellness and disease management programs, a 24-hour nurse line and more. For more information about 360 Degree Health, please refer to the enclosed brochure.

Your Other Medical Benefit Carriers Are Not Changing

Although your medical plan carrier is changing to Anthem, the carriers for your other medical benefits are not changing.

For example, your mental health/substance abuse benefits will continue to be administered by Value Options. You can call Value Options at 1-800-982-8161, or visit the Value Options web site at www.achievesolutions.net/ngc.

Your prescription drug benefits will continue to be administered by Express Scripts (ESI). You will not receive a new ID card from ESI unless you have made changes to your coverage. To contact ESI, call 1-800-655-1971, or visit the ESI web site at www.express-scripts.com.



New Prescription Drug Policies

As you read in the annual enrollment communications, several changes to the prescription drug benefit for the PPOs will take effect for the 2008 – 2009 plan year:

- **Generics preferred:** Your prescriptions automatically will be filled with a chemically equivalent generic drug, if available and as appropriate. If you or your doctor requests a brand-name drug when a generic equivalent is available, you will pay your copayment, plus the difference in cost between the generic drug and the brand-name drug.
- **Maintenance Medication Program:** If you take a maintenance prescription drug to treat an ongoing medical condition, you must fill your prescription using the mail-order service. Using the mail-order service saves you time and money: You will receive up to a three-month supply of your prescription drug, typically for less than you would pay for the same amount of your drug at a retail pharmacy, and your medication is delivered to you.
- **Step Therapy:** This program is designed to promote the use of lower-cost, and equally effective, generic drugs before participants “step up” to higher-cost brand name drugs. Step Therapy is especially designed for people who take maintenance prescription drugs on a regular basis to treat an ongoing medical condition. As of July 1, Step Therapy will apply to any new first-time prescriptions or those that have not been filled in four months or more. Step Therapy will apply even if your doctor writes “Dispense as Written” on your prescription.

For more information about prescription drug changes, please refer to the enclosed brochure from ESI.

Rest Assured: Generic Drugs are Safe, Effective and FDA-Approved

With the new Generics Preferred policy taking effect on July 1, 2008, you may be concerned about using generic drugs. Are you worried about whether generic drugs are as effective as their brand-name counterparts? What's the difference between a generic and brand-name drug? Here are some answers.

- When the patents on a brand-name drug are about to expire, drug companies can apply to the U.S. Food and Drug Administration (FDA) to sell a generic version of the drug.
- The drug company must show that the generic drug is “bioequivalent” to the brand-name version, meaning that its active ingredients work in the same way, in the same amount of time.
- The generic drug must be labeled in basically the same way as the brand-name drug.
- The drug company applying for FDA approval of the generic drug must fully document the generic drug's chemistry, manufacturing process and quality control procedures, with details about each step of the process.
- The drug company must show that the generic drug maintains stability as labeled before it can be sold, and the company must continue to monitor the drug's stability.
- The company must also comply with federal regulations for good manufacturing practices, and give a full description of the facilities that it uses in any step of manufacturing and testing the drug.

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- And finally, the proposed manufacturing site must be inspected to ensure that it is capable of manufacturing the product correctly and consistently.

The bottom line: Generic drugs go through the same rigorous quality assurance and testing process as their brand-name counterparts, are equally potent and contain the same active ingredients. Using generics helps keep drug costs down, encourages research and saves prescription drug users \$8 billion to \$10 billion per year.

Questions?

If you have any questions about your benefits, please call the Northrop Grumman Benefits Center (NGBC) at 1-800-894-4194. If you are calling from outside the United States, please call 718-354-1338. Benefits services representatives are available to assist you Monday through Friday from 9:00 a.m. to 6:00 p.m. Eastern time, excluding holidays. If you are hearing impaired, you will need to use a relay service through your TTY/TDD service provider.