

Plan Facts

Aetna Medigap	
Web site	aetna.com
Member services	1-800-633-4227; www.medicare.gov; Medicare A & B; 1-877-254-6765 Medigap
Find a network provider	For covered care, you may choose any licensed physician
Binding arbitration	Check with Plan

Cost

Aetna Medigap	
Health Reimbursement Arrangement--Account Information	
Eligible expenses for reimbursement	Not applicable
General Medical Expenses	
Deductible: Individual/Family	Medicare A & B \$1,024 Part A; \$135 Part B Medigap \$0 Individual; \$0 Family
Primary doctor office visit	Medicare A & B 80% covered; Part B; Medicare-approved amounts Medigap 20% covered; remaining Medicare-approved amounts
Specialist office visit	Medicare A & B 80% covered; Part B; Medicare-approved amounts Medigap 20% covered; remaining Medicare-approved amounts
Out-of-pocket maximum: Individual/Family	Medicare A & B \$0 Individual; \$0 Family Medigap \$0 Individual; \$0 Family
Lifetime coverage limit	Medicare A & B Limit does not apply Medigap \$2,000,000; for all Northrop Grumman-sponsored medical plan options; retiree and active combined
Inpatient Hospital Care	
Hospital copay	Medicare A & B 100% covered after ded is met; days 1-60; \$256 copay/day for 61-90; \$512 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves Medigap 100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
Hospital semi-private room	Medicare A & B

	<p>100% covered after ded is met; days 1-60; \$256 copay/day for 61-90; \$512 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves</p> <p>Medigap 100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime</p>
<p>Inpatient lab and X-ray</p>	<p>Medicare A & B 100% covered after ded is met; days 1-60; \$256 copay/day for 61-90; \$512 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves</p> <p>Medigap 100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime</p>
<p>Inpatient physician and surgeon services</p>	<p>Medicare A & B 100% covered after ded is met; days 1-60; \$256 copay/day for 61-90; \$512 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves</p> <p>Medigap 100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime</p>
Outpatient Care	
<p>Outpatient surgery</p>	<p>Medicare A & B 80% covered; Part B; Medicare-approved amounts for facility and physician charges; check www.medicare.gov for additional information</p> <p>Medigap 20% covered; remaining Medicare-approved amounts for facility and physician charges; limitations apply; check with Plan for details</p>
<p>Outpatient laboratory services</p>	<p>Medicare A & B 100% covered; Part B; Medicare-approved amounts for Medicare-covered lab services</p> <p>Medigap No additional benefits</p>
<p>Outpatient X-ray</p>	<p>Medicare A & B 80% covered; Part B; Medicare-approved amounts for covered diagnostic tests and X-rays</p> <p>Medigap 20% covered; remaining Medicare-approved amounts</p>
<p>Emergency room (not followed by admission)</p>	<p>Medicare A & B</p>

80% covered; Part B; emergency room and physician charges; Medicare-approved amounts; care received outside the U.S. is not covered

Medigap

20% covered; remaining Medicare-approved emergency room and physician charges; check with Plan for details about care received outside the U.S.

Urgent care clinic visit

Medicare A & B

80% covered; Part B; Medicare-approved amounts

Medigap

20% covered; remaining Medicare-approved amounts

Prescription Drug Expenses

Prescription drug vendor

Not applicable

Prescription drug Web site

Not applicable

Prescription drug member services

Not applicable

Annual prescription deductible

Medicare A & B

Not applicable

Medigap

Not applicable

Retail generic

Medicare A & B

Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop

Medigap

Not covered

Retail formulary brand

Medicare A & B

Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop

Medigap

Not covered

Retail nonformulary brand

Medicare A & B

Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop

Medigap

Not covered

Mail order generic

Medicare A & B - Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop; Medigap - Not covered

Mail order formulary brand

Medicare A & B - Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop; Medigap - Not covered

Mail order nonformulary brand

Medicare A & B - Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop; Medigap - Not covered

Oral contraceptives

Medicare A & B
Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop
Medigap
Not covered

Coverage

Aetna Medigap

Adult Preventive Care

Physical exam

Medicare A & B
Not covered; Medicare will cover a one-time physical exam within the first six months of Part B election
Medigap
100% covered; limited to \$300 per year; deductible does not apply

Well-woman exam (includes pap)

Medicare A & B
100% covered; lab Pap test; 80% covered for pelvic exam; Part B; Medicare-approved amounts; limitations apply; check with Plan for details
Medigap
20% covered; remaining Medicare-approved amounts for pelvic exam

Mammogram

Medicare A & B
80% covered; Part B; Medicare-approved amounts; limited to every 12 months for women age 40 and older only
Medigap
20% covered; remaining Medicare-approved amounts

Cancer screenings

Medicare A & B
Check Medicare guidelines for details
Medigap
Check with Plan for details

Cardiovascular screenings

Medicare A & B
Check Medicare guidelines for details
Medigap
Check with Plan for details

Family Planning

Fertility drugs

Medicare A & B
Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop
Medigap

Fertility services	Not covered Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
Artificial insemination	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
In vitro fertilization	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
Male vasectomy	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
Maternity Care	
Office visit: Pre/postnatal	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
In-hospital delivery services	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
Newborn nursery services	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
Prenatal care management	Check with Plan
Well-Baby/Well-Child Preventive Care	
Well-child exams	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
Immunizations (child)	Medicare A & B 100% covered; Part B; annual pneumonia and flu; deductible does not apply; 80% covered; Hepatitis B; Medicare-approved amounts Medigap 20% covered after deductible is met; remaining Medicare-approved amounts for Hepatitis B
Mental Health Care	
Mental Health: Combined with substance abuse	Medicare A & B No Medigap No
Mental Health: Outpatient coverage	Medicare A & B

	50% covered; Part B; Medicare-approved amounts Medigap 50% covered; remaining Medicare-approved amounts
Mental Health: Inpatient coverage	Medicare A & B 100% covered after deductible is met; days 1-60; \$256 copay/day for 61-90; \$512 copay/day for 91-150; limited to 190 days per lifetime Medigap 100% covered; Part A deductible and copays for days 1-150; 100% covered for the 40 additional lifetime days of hospital stay
Substance Abuse Care	
Detox: Outpatient coverage	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
Detox: Inpatient coverage	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
Rehab: Outpatient coverage	Medicare A & B 80% covered; Part B; Medicare-approved amounts Medigap 20% covered; remaining Medicare-approved amounts
Rehab: Inpatient coverage	Medicare A & B 100% covered after deductible is met; days 1-60; \$256 copay/day for 61-90; \$512 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves Medigap 100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
Dental Care	
Dental implants	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
Accidental injury to teeth	Medicare A & B Check Medicare guidelines for details Medigap Check with Plan for details
Surgical removal of tumors, cysts, and impacted teeth	Medicare A & B Check Medicare guidelines for details Medigap

Check with Plan for details

Vision Care

Routine vision exams

Medicare A & B

80% covered; diagnosis/treatment of diseases/conditions; Medicare-approved amounts; routine exam not covered; check Medicare guidelines for details

Medigap

20% covered; remaining Medicare-approved amounts for diseases/conditions

Regular lenses and frames

Medicare A & B

100% covered; after cataract surgery; limited to one pair; deductible does not apply; regular lenses and frames not covered

Medigap

No additional benefits

Contact lenses

Medicare A & B

100% covered; after cataract surgery; limited to one pair; deductible does not apply; regular contact lenses not covered

Medigap

No additional benefits

Other Services

Ambulance services

Medicare A&B-80% cov; Part B; Medicare-approved amts or appl fee schedule charge; must be med nec; Medigap - 20% cov; remaining Medicare-approved amts

Allergy tests and treatments

Medicare A & B

Check Medicare guidelines for details

Medigap

Check with Plan for details

Durable medical equipment

Medicare A & B

Part B coverage varies by state; check with your DME Regional Carrier for details; state-specific phone nos. at www.medicare.gov

Medigap

Covers remaining Medicare-approved amounts not covered by Part B

Hearing Care

Hearing evaluations

Medicare A & B

80% covered; Part B; diagnostic hearing exams; Medicare-approved amounts

Medigap

20% covered; diagnostic hearing exams; Medicare-approved amounts

Hearing aids

Medicare A & B

Not covered

Medigap

100% covered; repair as needed and new hearing aids every three years; limited to \$500 per ear per year; ded. does not apply; max includes exam

Medical Therapy

Acupuncture

Medicare A & B

Not covered

Medigap

Check with Plan for details

Chiropractic

Medicare A & B

80% covered; Part B; Medicare-approved amounts; manual manipulation of the spine to correct subluxation only

Medigap

20% covered; remaining Medicare-approved amounts

Outpatient physical therapy

Medicare A & B

80% covered; Part B; Medicare-approved amounts; must be medically necessary

Medigap

20% covered; remaining Medicare-approved amounts

Outpatient speech therapy

Medicare A & B

80% covered; Part B; Medicare-approved amounts; must be medically necessary

Medigap

20% covered; remaining Medicare-approved amounts

Outpatient occupational therapy

Medicare A & B

80% covered; Part B; Medicare-approved amounts; must be medically necessary

Medigap

20% covered; remaining Medicare-approved amounts

Care at Alternate Sites

Noncustodial home health care

Medicare A & B

100% covered; Part A and B; covered home health visits; must be medically necessary; deductible does not apply

Medigap

No additional benefits

Prescribed care in noncustodial skilled nursing facility

Medicare A & B

100% covered; days 1-20; \$128/day days 21-100; Part A; limited to 100 days per benefit period; check with Plan for details; ded does not apply

Hospice care	<p>Medigap 100% covered; copay for days 21-100</p> <p>Medicare A & B 100% covered; Part A; hospice care; respite care 95% covered; deductible does not apply; limitations apply; check with Plan for details</p> <p>Medigap No additional benefit for hospice care; respite care 5% covered; Medicare-approved amounts</p>
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Access

	Aetna Medigap
Out-of-area dependent coverage	Yes
Out-of-area participant coverage	Yes

Ease of Use

	Aetna Medigap
Need to file claims	<p>Medicare A & B Check with Medicare for details</p> <p>Medigap Check with Plan for details</p>
Number of PCP changes allowed/year	Not Applicable
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	Yes

Care Management: Education and Assistance

	Aetna Medigap
Asthma care management	Check with Plan
Cancer care management	Check with Plan
Diabetes care management	Check with Plan
Heart disease care management	Check with Plan
Hypertension care management	Check with Plan
Smoking cessation program	Check with Plan
Weight control program	Check with Plan