

## Plan Facts

Anthem Medigap	
Web site	<a href="http://anthem.com/ca">anthem.com/ca</a>
Member services	1-800-633-4227; www.medicare.gov; Medicare A & B; 1-866-504-9638 Medigap ongoing; 1-866-641-1686 Medigap pre-enrollment
Find a network provider	<a href="#">For covered care, you may choose any licensed physician</a>
Binding arbitration	Check with Plan

## Cost

Anthem Medigap	
<b>Health Reimbursement Arrangement</b>	
Eligible expenses for reimbursement	Not applicable
<b>General Medical Expenses</b>	
Deductible: Individual/Family	<p><b>Medicare A &amp; B</b> \$1,024 Part A; \$135 Part B</p> <p><b>Medigap</b> \$0 Individual; \$0 Family</p>
Primary doctor office visit	<p><b>Medicare A &amp; B</b> 80% covered; Part B; Medicare-approved amounts</p> <p><b>Medigap</b> 20% covered; remaining Medicare-approved amounts</p>
Specialist office visit	<p><b>Medicare A &amp; B</b> 80% covered; Part B; Medicare-approved amounts</p> <p><b>Medigap</b> 20% covered; remaining Medicare-approved amounts</p>
Out-of-pocket maximum: Individual/Family	<p><b>Medicare A &amp; B</b> \$0 Individual; \$0 Family</p> <p><b>Medigap</b> \$0 Individual; \$0 Family</p>
Lifetime coverage limit	<p><b>Medicare A &amp; B</b> Limit does not apply</p> <p><b>Medigap</b> \$2,000,000; for all Northrop Grumman-sponsored medical plan options; retiree and active combined</p>
<b>Inpatient Hospital Care</b>	
Hospital copay	<p><b>Medicare A &amp; B</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><b>Medigap</b> 100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime</p>
Hospital semi-private room	<p><b>Medicare A &amp; B</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><b>Medigap</b> 100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime</p>
Inpatient lab and X-ray	<b>Medicare A &amp; B</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

Inpatient physician and surgeon services

**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

**Outpatient Care**

Outpatient surgery

**Medicare A & B**

80% covered; Part B; Medicare-approved amounts for facility and physician charges; check [www.medicare.gov](http://www.medicare.gov) for additional information

**Medigap**

20% covered; remaining Medicare-approved amounts for facility and physician charges; limitations apply; check with Plan for details

Outpatient laboratory services

**Medicare A & B**

100% covered; Part B; Medicare-approved amounts for Medicare-covered lab services

**Medigap**

No additional benefits

Outpatient X-ray

**Medicare A & B**

80% covered; Part B; Medicare-approved amounts for covered diagnostic tests and X-rays

**Medigap**

20% covered; remaining Medicare-approved amounts

Emergency room (not followed by admission)

**Medicare A & B**

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	<p><b>Medicare A &amp; B</b> Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop</p> <p><b>Medigap</b> Not covered</p>
Retail formulary brand	<p><b>Medicare A &amp; B</b> Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop</p> <p><b>Medigap</b> Not covered</p>
Retail nonformulary brand	<p><b>Medicare A &amp; B</b> Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop</p> <p><b>Medigap</b> Not covered</p>
Mail order generic	<p>Medicare A&amp;B - Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop; Medigap- Not covered</p>
Mail order formulary brand	<p>Medicare A&amp;B - Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop; Medigap- Not covered</p>
Mail order nonformulary brand	<p>Medicare A&amp;B - Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop; Medigap- Not covered</p>
Oral contraceptives	<p><b>Medicare A &amp; B</b> Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop</p> <p><b>Medigap</b> Not covered</p>

## Coverage

### Anthem Medigap

#### Adult Preventive Care

Physical exam	<p><b>Medicare A &amp; B</b> Not covered; Medicare will cover a one-time physical exam within the first six months of Part B election</p> <p><b>Medigap</b> 100% covered; limited to \$300 per year; deductible does not apply</p>
Well-woman exam (includes pap)	<p><b>Medicare A &amp; B</b> 100% covered; lab Pap test; 80% covered for pelvic exam; Part B; Medicare-approved amounts; limitations apply; check with Plan for details</p> <p><b>Medigap</b> 20% covered; remaining Medicare-approved amounts for pelvic exam</p>
Mammogram	<p><b>Medicare A &amp; B</b> 80% covered; Part B; Medicare-approved amounts; limited to every 12 months for women age 40 and older only</p> <p><b>Medigap</b> 20% covered; remaining Medicare-approved amounts</p>

Cancer screenings	<b>Medicare A &amp; B</b> Check Medicare guidelines for details <b>Medigap</b> Check with Plan for details
Cardiovascular screenings	<b>Medicare A &amp; B</b> Check Medicare guidelines for details <b>Medigap</b> Check with Plan for details
<b>Family Planning</b>	
Fertility drugs	<b>Medicare A &amp; B</b> Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop <b>Medigap</b> Not covered
Fertility services	<b>Medicare A &amp; B</b> Check Medicare guidelines for details <b>Medigap</b> Check with Plan for details
Artificial insemination	<b>Medicare A &amp; B</b> Check Medicare guidelines for details <b>Medigap</b> Check with Plan for details
In vitro fertilization	<b>Medicare A &amp; B</b> Check Medicare guidelines for details <b>Medigap</b> Check with Plan for details
Male vasectomy	<b>Medicare A &amp; B</b> Check Medicare guidelines for details <b>Medigap</b> Check with Plan for details
<b>Maternity Care</b>	
Office visit: Pre/postnatal	<b>Medicare A &amp; B</b> Check Medicare guidelines for details <b>Medigap</b> Check with Plan for details
In-hospital delivery services	<b>Medicare A &amp; B</b> Check Medicare guidelines for details <b>Medigap</b> Check with Plan for details
Newborn nursery services	<b>Medicare A &amp; B</b> Check Medicare guidelines for details <b>Medigap</b> Check with Plan for details
Prenatal care management	Check with Plan
<b>Well-Baby/Well-Child Preventive Care</b>	
Well-child exams	<b>Medicare A &amp; B</b> Check Medicare guidelines for details <b>Medigap</b> Check with Plan for details
Immunizations (child)	<b>Medicare A &amp; B</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

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**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 ded 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

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**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 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

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**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

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Surgical removal of tumors, cysts, and impacted teeth	<p><b>Medicare A &amp; B</b> Check Medicare guidelines for details</p> <p><b>Medigap</b> Check with Plan for details</p>
<b>Vision Care</b>	
Routine vision exams	<p><b>Medicare A &amp; B</b> 80% covered; diagnosis/treatment of diseases/conditions; Medicare-approved amounts; routine exam not covered; check Medicare guidelines for details</p> <p><b>Medigap</b> 20% covered; remaining Medicare-approved amounts for diseases/conditions</p>
Regular lenses and frames	<p><b>Medicare A &amp; B</b> 100% covered; after cataract surgery; limited to one pair; deductible does not apply; regular lenses and frames not covered</p> <p><b>Medigap</b> No additional benefits</p>
Contact lenses	<p><b>Medicare A &amp; B</b> 100% covered; after cataract surgery; limited to one pair; deductible does not apply; regular contact lenses not covered</p> <p><b>Medigap</b> No additional benefits</p>
<b>Other Services</b>	
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	<p><b>Medicare A &amp; B</b> Check Medicare guidelines for details</p> <p><b>Medigap</b> Check with Plan for details</p>
Durable medical equipment	<p><b>Medicare A &amp; B</b> Part B coverage varies by state; check with your DME Regional Carrier for details; state-specific phone nos. at <a href="http://www.medicare.gov">www.medicare.gov</a></p> <p><b>Medigap</b> Covers remaining Medicare-approved amounts not covered by Part B</p>
<b>Hearing Care</b>	
Hearing evaluations	<p><b>Medicare A &amp; B</b> 80% covered; Part B; diagnostic hearing exams; Medicare-approved amounts</p> <p><b>Medigap</b> 20% covered; diagnostic hearing exams; Medicare-approved amounts</p>
Hearing aids	<p><b>Medicare A &amp; B</b> Not covered</p> <p><b>Medigap</b> 100% covered; repair as needed and new hearing aids every three years; limited to \$1000 per year; ded. does not apply</p>

## Medical Therapy

Acupuncture	<b>Medicare A &amp; B</b> Not covered <b>Medigap</b> Check with Plan for details
Chiropractic	<b>Medicare A &amp; B</b> 80% covered; Part B; Medicare-approved amounts; manual manipulation of the spine to correct subluxation only <b>Medigap</b> 20% covered; remaining Medicare-approved amounts
Outpatient physical therapy	<b>Medicare A &amp; B</b> 80% covered; Part B; Medicare-approved amounts; must be medically necessary <b>Medigap</b> 20% covered; remaining Medicare-approved amounts
Outpatient speech therapy	<b>Medicare A &amp; B</b> 80% covered; Part B; Medicare-approved amounts; must be medically necessary <b>Medigap</b> 20% covered; remaining Medicare-approved amounts
Outpatient occupational therapy	<b>Medicare A &amp; B</b> 80% covered; Part B; Medicare-approved amounts; must be medically necessary <b>Medigap</b> 20% covered; remaining Medicare-approved amounts

## Care at Alternate Sites

Noncustodial home health care	<b>Medicare A &amp; B</b> 100% covered; Part A and B; covered home health visits; must be medically necessary; deductible does not apply <b>Medigap</b> No additional benefits
Prescribed care in noncustodial skilled nursing facility	<b>Medicare A &amp; B</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 <b>Medigap</b> 100% covered; copay for days 21-100
Hospice care	<b>Medicare A &amp; B</b> 100% covered; Part A; hospice care; respite care 95% covered; deductible does not apply; limitations apply; check with Plan for details <b>Medigap</b> No additional benefit for hospice care; respite care 5% covered; Medicare-approved amounts

## Access

	<b>Anthem Medigap</b>
Out-of-area dependent coverage	Yes
Out-of-area participant coverage	Yes

## Ease of Use

	<b>Anthem Medigap</b>
Need to file claims	<b>Medicare A &amp; B</b> Check with Medicare for details <b>Medigap</b> Check with Plan for details
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

	<b>Anthem Medigap</b>
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