

## Plan Facts

Prescription Drug Plan	
Web site	<a href="http://express-scripts.com">express-scripts.com</a>
Member services	1-800-655-1971
Find a network provider	
Binding arbitration	No

## Cost

Prescription Drug Plan	
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### Health Reimbursement Arrangement

Eligible expenses for reimbursement	Not applicable
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### General Medical Expenses

Deductible: Individual/Family	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Primary doctor office visit	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Specialist office visit	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Out-of-pocket maximum: Individual/Family	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Lifetime coverage limit	<b>In Network</b> \$2,000,000; for all Northrop Grumman-sponsored medical plan options; retiree and active combined; in and out-of-network combined <b>Out of Network</b> \$2,000,000; for all Northrop Grumman-sponsored medical plan options; retiree and active combined; in and out-of-network combined

### Inpatient Hospital Care

Hospital copay	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Hospital semi-private room	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Inpatient lab and X-ray	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable

Inpatient physician and surgeon services	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
<b>Outpatient Care</b>	
Outpatient surgery	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Outpatient laboratory services	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Outpatient X-ray	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Emergency room (not followed by admission)	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Urgent care clinic visit	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
<b>Prescription Drug Expenses</b>	
Prescription drug vendor	Express Scripts
Prescription drug Web site	<a href="http://express-scripts.com">express-scripts.com</a>
Prescription drug member services	1-800-655-1971
Annual prescription deductible	<b>In Network</b> \$0 Individual; \$0 Family <b>Out of Network</b> \$50 Individual; \$100 Family
Retail generic	<b>In Network</b> \$5 copay or 10% coinsurance whichever is greater; 30 day supply <b>Out of Network</b> 50% covered; 30 day supply
Retail formulary brand	<b>In Network</b> \$20 copay or 10% coinsurance whichever is greater; 30 day supply; chemically equivalent generics required; check with Plan for details <b>Out of Network</b> 50% covered; 30 day supply; chemically equivalent generics required; check with Plan for details
Retail nonformulary brand	<b>In Network</b> \$40 copay or 10% coinsurance whichever is greater; 30 day supply; chemically equivalent generics required; check with Plan for details <b>Out of Network</b>

	50% covered; 30 day supply; chemically equivalent generics required; check with Plan for details
Mail order generic	\$5 copay or 10% coinsurance whichever is greater; 90 day supply; mail order required for maintenance medications; check with Plan for details
Mail order formulary brand	\$20 copay or 10% coinsurance whichever is greater; 90 day supply; chemically equivalent generics required; mail order required for maintenance medications; check with Plan for details
Mail order nonformulary brand	\$40 copay or 10% coinsurance whichever is greater; 90 day supply; chemically equivalent generics required; mail order required for maintenance medications; check with Plan for details
Oral contraceptives	<b>In Network</b> Retail and mail order available; applicable prescription drug copay applies; check with Plan for details <b>Out of Network</b> Retail available only; applicable prescription drug copay applies; check with Plan for details

## Coverage

<b>RX Coverage with Medigap</b>	
<b>Adult Preventive Care</b>	
Physical exam	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Well-woman exam (includes pap)	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Mammogram	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Cancer screenings	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Cardiovascular screenings	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
<b>Family Planning</b>	
Fertility drugs	<b>In Network</b> Not covered <b>Out of Network</b>

	Not covered
Fertility services	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Artificial insemination	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
In vitro fertilization	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Male vasectomy	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
<b>Maternity Care</b>	
Office visit: Pre/postnatal	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
In-hospital delivery services	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Newborn nursery services	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Prenatal care management	Not applicable
<b>Well-Baby/Well-Child Preventive Care</b>	
Well-child exams	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Immunizations (child)	<b>In Network</b> Applicable prescription drug copay applies; check with Plan for details <b>Out of Network</b> Applicable prescription drug copay applies; check with Plan for details
<b>Mental Health Care</b>	
Mental Health: Combined with substance abuse	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Mental Health: Outpatient coverage	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable

Mental Health: Inpatient coverage	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
<b>Substance Abuse Care</b>	
Detox: Outpatient coverage	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Detox: Inpatient coverage	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Rehab: Outpatient coverage	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Rehab: Inpatient coverage	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
<b>Dental Care</b>	
Dental implants	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Accidental injury to teeth	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Surgical removal of tumors, cysts, and impacted teeth	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
<b>Vision Care</b>	
Routine vision exams	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Regular lenses and frames	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
Contact lenses	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable
<b>Other Services</b>	
Ambulance services	Not applicable
Allergy tests and treatments	<b>In Network</b>

Applicable prescription drug copay applies; check with Plan for details

**Out of Network**

Applicable prescription drug copay applies; check with Plan for details

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Durable medical equipment

**In Network**

Not applicable

**Out of Network**

Not applicable

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**Hearing Care**

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Hearing evaluations

**In Network**

Not applicable

**Out of Network**

Not applicable

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Hearing aids

**In Network**

Not applicable

**Out of Network**

Not applicable

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**Medical Therapy**

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Acupuncture

**In Network**

Not applicable

**Out of Network**

Not applicable

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Chiropractic

**In Network**

Not applicable

**Out of Network**

Not applicable

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Outpatient physical therapy

**In Network**

Not applicable

**Out of Network**

Not applicable

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Outpatient speech therapy

**In Network**

Not applicable

**Out of Network**

Not applicable

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Outpatient occupational therapy

**In Network**

Not applicable

**Out of Network**

Not applicable

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**Care at Alternate Sites**

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Noncustodial home health care

**In Network**

Not applicable

**Out of Network**

Not applicable

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Prescribed care in noncustodial skilled nursing facility

**In Network**

Not applicable

**Out of Network**

Not applicable

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Hospice care

**In Network**

Not applicable

**Out of Network**

Not applicable

## Access

	Prescription Drug Plan
Out-of-area dependent coverage	Not applicable
Out-of-area participant coverage	Not applicable

## Ease of Use

	Prescription Drug Plan
Need to file claims	<b>In Network</b>
	No
	<b>Out of Network</b>
	Yes
Number of PCP changes allowed/year	Not available
Ability to self-refer to OB/GYN	Not applicable
Ability to self-refer to specialists	Not applicable

## Care Management: Education and Assistance

	Prescription Drug Plan
Asthma care management	Not applicable
Cancer care management	Not applicable
Diabetes care management	Not applicable
Heart disease care management	Not applicable
Hypertension care management	Not applicable
Smoking cessation program	Not applicable
Weight control program	Not applicable