

Health Net Premier Network EPO For Northrop Grumman

Introducing Premier Network EPO

With Health Net's Premier Network EPO you'll get direct access to any specialist in the network. Plus, we've made the plan simple to use. You can self-refer to any provider within the Premier Network for consultative services but must receive authorization from your Primary Care Physician (PCP) at your medical group for all inpatient admissions and outpatient surgeries. Finding a Health Net doctor, hospital or facility close to you is as simple as going to our website. Log on to www.healthnet.com/ngc and click on Premier Network Doctor Search. Or you can reach the dedicated Customer Contact Center for Northrop Grumman employees and pre-medicare retirees by calling 1-800-695-2281.

This overview provides highlights of benefit information about the Northrop Grumman Health Plan. Complete details about the plan are contained in the legal plan documents that govern plan operations and administration. If there is a discrepancy between the information provided below and the provisions of the plan documents, the plan documents will govern.

FEATURE	BENEFITS
Provider	Health Net 1-800-695-2281 www.healthnet.com/ngc
PCP required?	Yes Note: When accessing Health Net's custom website to choose your PCP, select Premier Network Doctor Search
Medical Reimbursement Account (MRA)	Not available in this plan option
Annual Deductible/Bridge	None
Out-of-Pocket Maximum	Applies only to prescription drugs Individual: \$1,500 per benefit plan year Family: \$3,000 per benefit plan year
Office Visit	100% after \$20 copay for PCP within selected medical group; 100% after \$40 copay for Premier Network PCP outside selected medical group
Specialist Office Visit	100% after \$40 copay
X-Ray, lab tests	100% in physician's office; 100% after \$20 copay for outpatient network laboratories
Hospital (inpatient)	100% after \$200 copay; must be authorized by selected medical group ¹
Chiropractic	
• Office Visit	100% after \$40 copay; no referral required
• Benefit Maximum	40 visits per benefit plan year

FEATURE	BENEFITS
Acupuncture/Acupressure	
<ul style="list-style-type: none"> <li data-bbox="131 218 597 281">• Office Visit <li data-bbox="131 296 597 327">• Benefit Maximum 	<p data-bbox="613 218 1477 281">Acupuncture: 100% after \$40 copay. No referral required. Acupressure: not covered</p> <p data-bbox="613 296 1477 327">20 visits per benefit plan year</p>
Preventive Care	
<ul style="list-style-type: none"> <li data-bbox="131 371 597 403">• Office visit <li data-bbox="131 417 597 449">• Colonoscopy <li data-bbox="131 464 597 491">• Mammogram 	<p data-bbox="613 371 1477 403">100% after \$20 copay for PCP or \$40 copay for specialist</p> <p data-bbox="613 417 1477 449">100%</p> <p data-bbox="613 464 1477 491">100%</p>
Surgery	
<ul style="list-style-type: none"> <li data-bbox="131 535 597 567">• Inpatient <li data-bbox="131 581 597 611">• Outpatient 	<p data-bbox="613 535 1477 567">100% after \$200 copay; must be authorized by your PCP's medical group¹</p> <p data-bbox="613 581 1477 611">100%; must be authorized by your PCP's medical group¹</p>
Emergency Room (participating facility)	
Emergency Room (non-participating facility)	
Prescription Drugs	
<ul style="list-style-type: none"> <li data-bbox="131 835 597 867">• Deductible <li data-bbox="131 882 597 913">• Brand <li data-bbox="131 953 597 984">• Generic <li data-bbox="131 1024 597 1056">• Mail Order <li data-bbox="131 1075 597 1136">• Annual Prescription Drug Out-of-Pocket Maximum 	<p data-bbox="613 835 1477 867">Open formulary</p> <p data-bbox="613 873 1477 905">Drugs prescribed by dentists are covered</p> <p data-bbox="613 911 1477 942">None</p> <p data-bbox="613 949 1477 1010">100% after \$20 copay (preferred) or \$40 copay (non-preferred), or 10% coinsurance, whichever is greater, for up to a 30-day supply.</p> <p data-bbox="613 1016 1477 1077">100% after \$5 copay (preferred) or \$40 copay (non-preferred) or 10% coinsurance, whichever is greater, for up to a 30-day supply</p> <p data-bbox="613 1083 1477 1136">Retail copay or coinsurance, whichever is greater, for up to a 90-day supply</p> <p data-bbox="613 1142 1477 1173">See Out-of-Pocket Maximum above</p>
Mental Health and Substance Abuse	
<ul style="list-style-type: none"> <li data-bbox="131 1201 597 1341">• Mental Health (inpatient) <li data-bbox="131 1348 597 1444">• Mental Health (outpatient) <li data-bbox="131 1451 597 1591">• Substance Abuse (inpatient) <li data-bbox="131 1619 597 1711">• Substance Abuse (outpatient) 	<p data-bbox="613 1201 1477 1232">Benefits provided by Health Net; inpatient care must be authorized by selected medical group</p> <p data-bbox="613 1239 1477 1341">100% after \$200 copay per admission Maximum: 60 days per benefit plan year¹ (combined with substance abuse). One day of acute inpatient equals two days of partial hospitalization or residential treatment.</p> <p data-bbox="613 1348 1477 1444">100% after \$20 copay Maximum: 60 individual, group, or family visits per benefit plan year (combined with substance abuse)</p> <p data-bbox="613 1451 1477 1608">100% after \$200 copay per admission Maximum: 60 days per benefit plan year¹ (combined with mental health). One day of acute inpatient equals two days of partial hospitalization or residential treatment. Lifetime Maximum: Up to two inpatient (or alternate level of care) admissions.</p> <p data-bbox="613 1619 1477 1711">100% after \$20 copay Maximum: 60 individual, group, or family visits per benefit plan year (combined with mental health)</p>

FEATURE	BENEFITS
Vision	
• Exams	100% after \$20 copay for screening by PCP only; maximum of one visit per benefit plan year
• Lenses	Not covered
• Frames	Not covered
Hearing	
• Exam	\$20 copay for PCP or \$40 copay for specialist; maximum of one exam per benefit plan year
• Hearing aids	Total hearing benefit maximum: \$500 per ear per benefit plan year, including exam, hearing aid repair, and a new hearing aid per ear every three benefit plan years
Physical Therapy	
• Physician/outpatient visit	100% after \$20 copay per visit
• Benefit maximum	50 visits per benefit plan year
Speech Therapy	
• Physician/outpatient visit	100% after \$20 copay per visit
• Benefit maximum	50 visits per benefit plan year
Occupational Therapy	
• Physician/outpatient visit	100% after \$20 copay per visit
• Benefit maximum	50 visits per benefit plan year
Cardiac Therapy	
• Physician/outpatient visit	100% after \$20 copay per visit
• Benefit maximum	Limited to Phase 1 and Phase 2 care
OB/GYN	
• Hospital admission	100% after \$200 copay; must be authorized by your PCP's medical group ¹
• Prenatal office visit	100% after \$20 copay for initial visit only
• GYN office visit	100% after \$20 copay for PCP or \$40 copay for specialist. No referral required to see Premier Network specialist
Infertility	
	100% after applicable copayments to lifetime maximum of \$25,000, including prescription drugs
Equipment	
• Durable medical equipment	100% when medically necessary
• Prosthetics	100% when medically necessary
Lifetime Maximum	
	\$2,000,000 for all Northrop Grumman-sponsored medical plan options combined
Domestic partner coverage offered?	
	Yes

¹Inpatient hospitalization, skilled nursing/inpatient rehabilitation facility confinement, outpatient surgery, hospice care, maternity care that exceeds 48 hours for normal delivery and 96 hours for cesarean birth; reconstructive procedures (no penalty) and organ transplant services require prior authorization through the member's Participating Physician Group.

**For more information,
please contact us at:**

Health Net
Post Office Box 9103
Van Nuys, California 91409-9103

Customer Contact Center
1-800-695-2281

Telecommunications Device
for the Hearing and Speech Impaired:
1-800-995-0852