

HEALTH NET LIFE INSURANCE COMPANY  
EPO INSURANCE  
PLAN OVERVIEW

*for Northrop Grumman Corporation*



Health Net®  
LIFE INSURANCE COMPANY

Health Net's Exclusive Provider Organization (EPO) plan provides you with choice, flexibility and affordability. You can now go to any doctor or hospital in Health Net's PPO network – one of the largest in California. There is no need to select a primary care physician, your copayment will be lower when you see a participating family/ general practitioner, internist, or pediatrician (for a child) and you can visit any specialist within the PPO network with out a referral. With an EPO plan, however, you must obtain all non-emergent services from a Health Net participating physician or facility.

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.

<b>KEY BENEFITS<sup>1</sup></b>	
<b>PROVIDER</b>	Health Net 1-800-695-2281 www.healthnet.com/ngc
<b>PCP REQUIRED?</b>	No
<b>MEDICAL REIMBURSEMENT ACCOUNT (MRA)</b>	Not available in this plan option
<b>ANNUAL DEDUCTIBLE/BRIDGE</b>	None
<b>OFFICE VISIT</b>	100% after \$20 copay for services provided by a family practice, internal medicine, pediatrician or general practice physician.
<b>SPECIALIST OFFICE VISIT</b>	100% after \$40 copay
<b>X-RAY, LAB TESTS</b>	100% in an office setting including preventive care procedures; 100% after \$20 copay in an outpatient hospital setting or independent facility with the exception of preventive care.
<b>HOSPITAL (INPATIENT)</b>	100% after \$200 copay; must be authorized by Health Net's pre-certification department <sup>2</sup>
<b>CHIROPRACTIC</b>	
Office Visit	100% after \$40 copay; no referral required
Benefit Maximum	40 visits per benefit plan year
<b>ACUPUNCTURE/ACUPRESSURE</b>	
Office Visit	Acupuncture: 100% after \$40 copay. No referral required. Acupressure: not covered
Benefit Maximum	20 visits per benefit plan year
<b>PREVENTIVE CARE</b>	
Office visit	100% after \$20 copay for services provided by a family practice, internal medicine, pediatrician or general practice physician or \$40 copay for a specialist.
Colonoscopy	100% for preventive care
Mammogram	100% for preventive care
<b>SURGERY</b>	
Inpatient	100% after \$200 copay; must be authorized by Health Net's pre-certification department <sup>2</sup>
Outpatient	100%; must be authorized by Health Net's pre-certification department <sup>2</sup>
<b>EMERGENCY ROOM</b> (participating facility)	\$250 copay, waived if admitted to hospital
<b>EMERGENCY ROOM</b> (non-participating facility)	\$250 copay, waived if admitted to hospital
<b>PRESCRIPTION DRUGS</b>	Open formulary Your prescriptions will be filled with a chemically equivalent generic alternative if available regardless if the doctor prescribes a brand-name drug. 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. Mandatory mail-order program for maintenance medications after the third retail fill Drugs prescribed by dentists are covered
Deductible	None
Generic Formulary	100% after \$5 copay or 10% coinsurance, whichever is greater, for up to a 30-day supply
Generic Non-Formulary	100% after \$40 copay or 10% coinsurance, whichever is greater, for up to a 30-day supply

## KEY BENEFITS

<b>PRESCRIPTION DRUGS (CONTINUED)</b>	
Brand Formulary	100% after \$20 copay or 10% coinsurance, whichever is greater, for up to a 30-day supply
Brand Non-Formulary	100% after \$40 copay or 10% coinsurance, whichever is greater, for up to a 30-day supply
Mail Order	Retail copay or coinsurance, whichever is greater, for up to a 90-day supply
Annual Prescription Drug Out-of-pocket maximum	
Individual:	\$1,500 per plan benefit year
Family:	\$3,000 per plan benefit year
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>	
Mental Health and Substance Abuse (inpatient)	Benefits provided by Health Net; inpatient care must be authorized by Health Net's pre-certification department <sup>2</sup> 100% after \$200 copay per admission Maximum: 60 days per benefit plan year <sup>2</sup> (mental health and substance abuse combined). One day of acute inpatient equals two days of partial hospitalization or residential treatment.
Mental Health and Substance Abuse (outpatient)	100% after \$20 copay Maximum: 60 individual, group, or family visits per benefit plan year (mental health and substance abuse combined)
<b>VISION</b>	
Exams	100% after \$20 copay for screening by a family practice, internal medicine, pediatrician or general practice physician only, maximum of one visit per year.
Lenses/Frames	Not covered
<b>HEARING</b>	
Exam	100% after \$20 copay for family practice, internal medicine, pediatrician or \$40 for a specialist, maximum of one exam per year.
Hearing aids	Total hearing benefit maximum: \$1,000 per benefit plan year, including hearing aid repair
<b>PHYSICAL THERAPY</b>	
Physician/outpatient visit	100% after \$20 copay per visit
Benefit maximum	50 visits per benefit plan year
<b>SPEECH THERAPY</b>	
Physician/outpatient visit	100% after \$20 copay per visit
Benefit maximum	50 visits per benefit plan year
<b>OCCUPATIONAL THERAPY</b>	
Physician/outpatient visit	100% after \$20 copay per visit
Benefit maximum	50 visits per benefit plan year
<b>CARDIAC THERAPY</b>	
Physician/outpatient visit	100% after \$20 copay per visit
Benefit maximum	Limited to Phase 1 and Phase 2 care
<b>OB/GYN</b>	
Hospital admission	100% after \$200 copay; must be authorized by Health Net's pre-certification department <sup>2</sup>
Prenatal office visit	100% after \$20 copay for initial visit only
GYN office visit	100% after \$20 copay for family practice, internal medicine, pediatrician or \$40 for a specialist. No referral required.
Infertility	100% after applicable copayments to lifetime maximum of \$12,500, including prescription drugs
<b>EQUIPMENT</b>	
Durable medical equipment /Prosthetics	100% when medically necessary; certain items require pre-certification.
<b>DOMESTIC PARTNER COVERAGE OFFERED?</b>	Yes

<sup>1</sup>100% coverage refers only to covered services payable under the plan.

<sup>2</sup>Inpatient 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 Health Net's pre-certification department.

Limitations and exclusions apply – please see your SPD for details.

Note: with the EPO plan, non-emergency services are covered only when you receive care from participating PPO physicians and facilities.

For more information  
please contact:

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

**[www.healthnet.com/ngc](http://www.healthnet.com/ngc)**