

Feature	CIGNA Medigap - Post-65	
	Medicare A & B	Medigap
Provider	CIGNA Healthcare 1-800-633-4227; <a href="http://www.medicare.gov">www.medicare.gov</a> ; Medicare A & B 1-800-244-6224 Medigap	
<b>Cost Sharing</b>		
Annual Deductible	\$992 Part A; \$131 Part B	\$0 Individual; \$0 Family
Out-of-pocket maximum	\$0 Individual; \$0 Family	\$0 Individual; \$0 Family
Lifetime coverage limit	Limit does not apply	\$2,000,000; for all Northrop Grumman-sponsored medical plan options; retiree and active combined; in and out-of-network combined
<b>Policies/Requirements</b>		
Need to file claims	Check with Medicare for details	Check with Plan for details
Domestic partner benefits	Yes	Yes
<b>Access</b>		
Ability to self-refer to OB/GYN	Yes	Yes
Ability to self-refer to specialists	Yes	Yes
Out-of-area dependent coverage	Yes	Yes
Out-of-area participant coverage	Yes	Yes
<b>Spending Account</b>		
HRA -- You only	Not applicable	Not applicable
HRA -- You and spouse	Not applicable	Not applicable
HRA -- You and child	Not applicable	Not applicable
HRA -- You and family	Not applicable	Not applicable
Eligible expenses for reimbursement	Not applicable	Not applicable
<b>Outpatient Services</b>		
Primary doctor office visit	80% covered; Part B; Medicare-approved amounts	20% covered; remaining Medicare-approved amounts
Specialist doctor office visit	80% covered; Part B; Medicare-approved amounts	20% covered; remaining Medicare-approved amounts
<b>Preventive Care</b>		
Annual physical exam	Not covered; Medicare will cover a one-time physical exam within the first six months of Part B election	100% covered; limited to \$300 per year; deductible does not apply
Well-woman exam (includes pap)	100% covered; lab Pap test; 80% covered for pelvic exam; Part B; Medicare-approved amounts; limitations apply; check with Plan for details	20% covered; remaining Medicare-approved amounts for pelvic exam
Mammogram	80% covered; Part B; Medicare-approved amounts; limited to every 12 months for women age 40 and older only	20% covered; remaining Medicare-approved amounts
Pediatric exams	Check Medicare guidelines for details	Check with Plan for details
Immunizations (child)	100% covered; Part B; annual pneumonia and flu; deductible does not apply; 80% covered; Hepatitis B; Medicare-approved amounts	20% covered after deductible is met; remaining Medicare-approved amounts for Hepatitis B

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<b>Colorectal screening</b>	80% covered; Part B; Medicare-approved amounts; 75% covered if outpatient hospital procedure; limitations apply; check Medicare guidelines for details	20% covered; remaining Medicare-approved amounts; 25% covered if outpatient hospital procedure
<b>Cancer screenings</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Cardiovascular screenings</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Allergy tests and treatments</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Outpatient Care</b>		
<b>Outpatient surgery</b>	80% covered; Part B; Medicare-approved amounts for facility and physician charges; check <a href="http://www.medicare.gov">www.medicare.gov</a> for additional information	20% covered; remaining Medicare-approved amounts for facility and physician charges; limitations apply; check with Plan for details
<b>Outpatient laboratory services</b>	100% covered; Part B; Medicare-approved amounts for Medicare-covered lab services	No additional benefits
<b>Outpatient physical therapy</b>	80% covered; Part B; Medicare-approved amounts; must be medically necessary	20% covered; remaining Medicare-approved amounts
<b>Outpatient X-ray</b>	80% covered; Part B; Medicare-approved amounts for covered diagnostic tests and X-rays	20% covered; remaining Medicare-approved amounts
<b>Outpatient occupational therapy</b>	80% covered; Part B; Medicare-approved amounts; must be medically necessary	20% covered; remaining Medicare-approved amounts
<b>Outpatient speech therapy</b>	80% covered; Part B; Medicare-approved amounts; must be medically necessary	20% covered; remaining Medicare-approved amounts
<b>Outpatient cardiac rehabilitation</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Family Planning / Maternity Care</b>		
<b>Office visit: pre/postnatal</b>	Check Medicare guidelines for details	Check with Plan for details
<b>In-hospital delivery services</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Newborn nursery services</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Fertility services</b>	Check Medicare guidelines for details	Check with Plan for details
<b>In vitro fertilization</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Artificial insemination</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Female tubal ligation</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Male vasectomy</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Hearing</b>		
<b>Hearing evaluations</b>	80% covered; Part B; diagnostic hearing exams; Medicare-approved amounts	20% covered; diagnostic hearing exams; Medicare-approved amounts
<b>Hearing aids</b>	Not covered	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
<b>Vision</b>		

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<b>Routine vision exams</b>	80% covered; diagnosis/treatment of diseases/conditions; Medicare-approved amounts; routine exam not covered; check Medicare guidelines for details	20% covered; remaining Medicare-approved amounts for diseases/conditions
<b>Regular lenses and frames</b>	100% covered; after cataract surgery; limited to one pair; deductible does not apply; regular lenses and frames not covered	No additional benefits
<b>Contact lenses</b>	100% covered; after cataract surgery; limited to one pair; deductible does not apply; regular contact lenses not covered	No additional benefits
<b>Dental</b>		
<b>Dental implants</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Accidental injury to teeth</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Surgical removal of tumors, cysts and impacted teeth</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Inpatient Services</b>		
<b>Hospital copay</b>	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
<b>Hospital semi-private room</b>	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
<b>Inpatient lab and X-ray</b>	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
<b>Inpatient surgery</b>	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
<b>Inpatient physician and surgeon services</b>	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
<b>Emergency Care</b>		
<b>Emergency room (not followed by admission)</b>	80% covered; Part B; emergency room and physician charges; Medicare-approved amounts; care received outside the U.S. is not covered	20% covered; remaining Medicare-approved emergency room and physician charges; check with Plan for details about care received outside the U.S.
<b>Urgent care clinic visit</b>	80% covered; Part B; Medicare-approved amounts	20% covered; remaining Medicare-approved amounts

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<b>Ambulance services</b>	80% cov; Part B; Medicare-approved amts or appl fee schedule charge; must be med nec	20% cov; remaining Medicare-approved amts
	<b>Mental Health</b>	
<b>Mental Health: Combined with substance abuse</b>	No	No
<b>Mental Health: Outpatient coverage</b>	50% covered; Part B; Medicare-approved amounts	50% covered; remaining Medicare-approved amounts

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<b>Mental Health: Inpatient coverage</b>	100% covered after deductible is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; limited to 190 days per lifetime	100% covered; Part A deductible and copays for days 1-150; 100% covered for the 40 additional lifetime days of hospital stay
<b>Substance Abuse</b>		
<b>Detox: Outpatient coverage</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Detox: Inpatient coverage</b>	Check Medicare guidelines for details	Check with Plan for details
<b>Rehab: Outpatient coverage</b>	80% covered; Part B; Medicare-approved amounts	20% covered; remaining Medicare-approved amounts
<b>Rehab: Inpatient coverage</b>	100% covered after deductible is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
<b>Alternative Care</b>		
<b>Chiropractic</b>	80% covered; Part B; Medicare-approved amounts; manual manipulation of the spine to correct subluxation only	20% covered; remaining Medicare-approved amounts
<b>Acupuncture</b>	Not covered	Check with Plan for details
<b>Care Management Programs</b>		
<b>Heart disease care management</b>	Check with Plan	
<b>Hypertension care management</b>	Check with Plan	
<b>Diabetes care management</b>	Check with Plan	
<b>Asthma care management</b>	Check with Plan	
<b>Prenatal care management</b>	Check with Plan	
<b>Cancer care management</b>	Check with Plan	
<b>Smoking cessation program</b>	Check with Plan	
<b>Weight control program</b>	Check with Plan	
<b>Other</b>		
<b>Noncustodial home health care</b>	100% covered; Part A and B; covered home health visits; must be medically necessary; deductible does not apply	No additional benefits
<b>Hospice care</b>	100% covered; Part A; hospice care; respite care 95% covered; deductible does not apply; limitations apply; check with Plan for details	No additional benefit for hospice care; respite care 5% covered; Medicare-approved amounts
<b>Prescribed care in noncustodial skilled nursing facility</b>	100% covered; days 1-20; \$124/day days 21-100; Part A; limited to 100 days per benefit period; check with Plan for details; ded does not apply	100% covered; copay for days 21-100
<b>Durable medical equipment</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>	Covers remaining Medicare-approved amounts not covered by Part B
<b>Prosthetic devices</b>	80% covered; Part B; Medicare-approved amounts for devices needed to replace a body part or function	20% covered; remaining Medicare-approved amounts