

Feature	Express Scripts Prescription Drug Program - Pre-65/Post-65	
	In-Network	Out-of-Network
Provider	Express Scripts 1-800-655-1971 <a href="http://www.express-scripts.com">www.express-scripts.com</a>	
<b>Cost Sharing</b>		
Lifetime coverage limit	\$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	No	Yes
Domestic partner benefits	Yes	Yes
<b>Prescription Drug Coverage</b>		
Annual prescription deductible	\$0 Individual; \$0 Family	\$50 Individual; \$100 Family
Prescription drug website	<a href="http://www.express-scripts.com">www.express-scripts.com</a>	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Prescription drug member services	1-800-655-1971	1-800-655-1971
Prescription drug vendor	Express Scripts	Express Scripts
Annual Rx out-of-pocket maximum	\$2,000 Individual; \$4,000 Family; in and out-of-network combined	
<b>Retail</b>		
Retail generic	\$5 copay or 10% coinsurance whichever is greater; 30 day supply; member pays the full cost if drug is less than \$5	50% covered after deductible is met; 30 day supply
Retail formulary brand	\$20 copay or 10% coinsurance whichever is greater; 30 day supply; member pays the full cost if drug is less than \$20	50% covered after deductible is met; 30 day supply
Retail nonformulary brand	\$40 copay or 10% coinsurance whichever is greater; 30 day supply; member pays the full cost if drug is less than \$40	50% covered after deductible is met; 30 day supply
<b>Mail Order</b>		
Mail order generic	\$5 copay or 10% coinsurance whichever is greater; 90 day supply; member pays the full cost if drug is less than \$5	Not covered
Mail order formulary brand	\$20 copay or 10% coinsurance whichever is greater; 90 day supply; member pays the full cost if drug is less than \$20	Not covered
Mail order nonformulary brand	\$40 copay or 10% coinsurance whichever is greater; 90 day supply; member pays the full cost if drug is less than \$40	Not covered

Feature	Express Scripts Prescription Drug Program - Pre-65/Post-65	
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	<b>Other</b>	
<b>Oral contraceptives</b>	Retail and mail order available; applicable prescription drug copay applies; check with Plan for details	Retail available only; applicable prescription drug copay applies; check with Plan for details
<b>Fertility drugs</b>	Not covered	Not covered
<b>Retail injectable drugs</b>	Applicable prescription drug copay applies; check with Plan for details	Applicable prescription drug copay applies; check with Plan for details