

Feature	Lumenos CDHP - Post-65		
	Medicare A & B	HRA/Bridge	Medigap
Provider	Lumenos 1-800-633-4227 <a href="http://www.medicare.gov">www.medicare.gov</a> Medicare A & B 1-877-875-2094 Medigap Educational Site: <a href="http://www.info.lumenos.com">www.info.lumenos.com</a> User Name: ngcretiree; Password: northrop Participant Site: <a href="http://www.lumenos.com">www.lumenos.com</a>		
<b>Cost Sharing</b>			
Annual Deductible	\$992 Part A; \$131 Part B	Refer to Medigap deductible (bridge = deductible)	\$800 Retiree Only \$1,200 Retiree+Spouse \$1,200 Retiree+Child(ren) \$1,600 Family
Out-of-pocket maximum	\$0 Individual; \$0 Family	Refer to Medigap out-of-pocket maximum (bridge = deductible)	\$5,000 Retiree Only \$7,500 Retiree+Spouse \$7,500 Retiree+Child(ren) \$10,000 Family maximum includes annual deductible
Lifetime coverage limit	Limit does not apply	Limit does not apply	\$2,000,000; for all Northrop Grumman-sponsored medical plan options; retiree and active combined
<b>Policies/Requirements</b>			
Need to file claims	Check with Medicare for details	Not applicable	No in network Yes out-of-network
Domestic partner benefits	Yes	Yes	Yes
<b>Access</b>			
Ability to self-refer to OB/GYN	Yes	Yes	Yes
Ability to self-refer to specialists	Yes	Yes	Yes
Out-of-area dependent coverage	Yes	Yes	Yes
Out-of-area participant coverage	Yes	Yes	Yes
<b>Spending Account</b>			
HRA -- You only	Not applicable	\$1,000	Not applicable
HRA -- You and spouse	Not applicable	\$1,500	Not applicable
HRA -- You and child	Not applicable	\$1,500	Not applicable
HRA -- You and family	Not applicable	\$2,000	Not applicable
Eligible expenses for reimbursement	Prescription drugs, oral contraceptives, inpatient hospital, emergency room, outpatient surgery, outpatient lab svcs, chiropractic svcs, doctor office visit; check w/Plan for details		

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<b>Outpatient Services</b>			
<b>Primary doctor office visit</b>	80% covered; Part B; Medicare-approved amounts	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts
<b>Specialist doctor office visit</b>	80% covered; Part B; Medicare-approved amounts	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts
<b>Preventive Care</b>			
<b>Annual physical exam</b>	Not covered; Medicare will cover a one-time physical exam within the first six months of Part B election	Not covered; not subject to Bridge	100% covered; deductible does not apply
<b>Well-woman exam (includes pap)</b>	100% covered; lab Pap test; 80% covered for pelvic exam; Part B; Medicare-approved amounts; limitations apply; check with Plan for details	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts for pelvic exam
<b>Mammogram</b>	80% covered; Part B; Medicare-approved amounts; limited to every 12 months for women age 40 and older only	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts
<b>Pediatric exams</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>Immunizations (child)</b>	100% covered; Part B; annual pneumonia and flu; deductible does not apply; 80% covered; Hepatitis B; Medicare-approved amounts	Not covered; not subject to Bridge	20% covered after deductible is met; remaining Medicare-approved amounts for Hepatitis B
<b>Colorectal screening</b>	80% covered; Part B; Medicare-approved amounts; 75% covered if outpatient hospital procedure; limitations apply; check Medicare guidelines for details	Not covered; not subject to Bridge	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	Check with Plan for details
<b>Cardiovascular screenings</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>Allergy tests and treatments</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details

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<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	Not covered; not subject to Bridge	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	Not covered; not subject to Bridge	No additional benefits
<b>Outpatient physical therapy</b>	80% covered; Part B; Medicare-approved amounts; must be medically necessary	Not covered; not subject to Bridge	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	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts
<b>Outpatient occupational therapy</b>	80% covered; Part B; Medicare-approved amounts; must be medically necessary	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts
<b>Outpatient speech therapy</b>	80% covered; Part B; Medicare-approved amounts; must be medically necessary	HRA/Bridge - Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts
<b>Outpatient cardiac rehabilitation</b>	Check Medicare guidelines for details	Check with Plan 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	Check with Plan for details
<b>In-hospital delivery services</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>Newborn nursery services</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>Fertility services</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>In vitro fertilization</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>Artificial insemination</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>Female tubal ligation</b>	90% covered after deductible is met	Check with Plan for details	Check with Plan for details
<b>Male vasectomy</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details

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<b>Hearing</b>			
<b>Hearing evaluations</b>	80% covered; Part B; diagnostic hearing exams; Medicare-approved amounts	Not covered; not subject to Bridge	20% covered; diagnostic hearing exams; Medicare-approved amounts
<b>Hearing aids</b>	Not covered	Not covered; not subject to Bridge	100% covered; deductible does not apply
<b>Vision</b>			
<b>Routine vision exams</b>	80% covered; diagnosis/treatment of diseases/conditions; Medicare-approved amounts; routine exam not covered; check Medicare guidelines for details	Not covered; not subject to Bridge	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	Not covered; not subject to Bridge	No additional benefits
<b>Contact lenses</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>Dental</b>			
<b>Dental implants</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>Accidental injury to teeth</b>	Check Medicare guidelines for details	Check with Plan 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	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	Not covered; not subject to Bridge	100% covered; Part A deductible and copays for days 1-150; 100% covered after you use up all Medicare hospital benefits
<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	Not covered; not subject to Bridge	100% covered; Part A deductible and copays for days 1-150; 100% covered after you use up all Medicare hospital benefits

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<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	Not covered; not subject to Bridge	100% covered; Part A deductible and copays for days 1-150; 100% covered after you use up all Medicare hospital benefits
<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	Not covered; not subject to Bridge	100% covered; Part A deductible and copays for days 1-150; 100% covered after you use up all Medicare hospital benefits
<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	Not covered; not subject to Bridge	100% covered; Part A deductible and copays for days 1-150; 100% covered after you use up all Medicare hospital benefits
<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	Not covered; not subject to Bridge	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	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts
<b>Ambulance services</b>	80% cov; Part B; Medicare-approved amts or appl fee schedule charge; must be med nec	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts
<b>Prescription Drug Coverage</b>			
<b>Annual prescription deductible</b>	Not applicable	Not applicable	Not applicable
<b>Prescription drug website</b>	Same as medical plan	Same as medical plan	Same as medical plan
<b>Prescription drug member services</b>	Same as medical plan	Same as medical plan	Same as medical plan
<b>Prescription drug vendor</b>	Same as medical plan	Same as medical plan	Same as medical plan
<b>Annual Rx out-of-pocket maximum</b>	Not applicable	Not applicable	Not applicable

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<b>Retail</b>			
<b>Retail generic</b>	Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop	100% covered in HRA; cost of covered prescriptions up to current year account balance; not covered in bridge	90% covered; in-network; 60% covered out-of-network; once current year HRA balance is used and bridge met
<b>Retail formulary brand</b>	Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop	100% covered in HRA; cost of covered prescriptions up to current year account balance; not covered in bridge	90% covered; in-network; 60% covered out-of-network; once current year HRA balance is used and bridge met
<b>Retail nonformulary brand</b>	Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop	100% covered in HRA; cost of covered prescriptions up to current year account balance; not covered in bridge	90% covered; in-network; 60% covered out-of-network; once current year HRA balance is used and bridge met
<b>Mail Order</b>			
<b>Mail order generic</b>	Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop	100% covered in HRA; cost of covered prescriptions up to current year account balance; not covered in bridge	90% covered; in-network; 60% covered out-of-network; once current year HRA balance is used and bridge met
<b>Mail order formulary brand</b>	Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop	100% covered in HRA; cost of covered prescriptions up to current year account balance; not covered in bridge	90% covered; in-network; 60% covered out-of-network; once current year HRA balance is used and bridge met
<b>Mail order nonformulary brand</b>	Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop	100% covered in HRA; cost of covered prescriptions up to current year account balance; not covered in bridge	90% covered; in-network; 60% covered out-of-network; once current year HRA balance is used and bridge met
<b>Other</b>			
<b>Oral contraceptives</b>	Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop	100% covered in HRA; cost of covered prescriptions up to current year account balance; not covered in bridge	90% covered; in-network; 60% covered out-of-network; once current year HRA balance is used and bridge met
<b>Fertility drugs</b>	Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop	100% covered in HRA; cost of covered prescriptions up to current year account balance; not covered in bridge	90% covered; in-network; 60% covered out-of-network; once current year HRA balance is used and bridge met

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<b>Retail injectable drugs</b>	Covered under Medicare Part D; if enrolled in Part D, you may not elect Rx through Northrop; check with Medicare for drugs covered under Medical	100% covered in HRA; cost of covered prescriptions up to current year account balance; not covered in bridge	90% covered; in-network; 60% covered out-of-network; once current year HRA balance is used and bridge met
<b>Mental Health</b>			
<b>Mental Health: Combined with substance abuse</b>	No	No	No
<b>Mental Health: Outpatient coverage</b>	50% covered; Part B; Medicare-approved amounts	Not covered; not subject to Bridge	50% covered; remaining Medicare-approved amounts
<b>Mental Health: Inpatient coverage</b>	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; limited to 190 days per lifetime	Not covered; not subject to Bridge	100% covered; Part A deductible and copays for days 1-150; 100% covered after you use up all Medicare hospital benefits
<b>Substance Abuse</b>			
<b>Detox: Outpatient coverage</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>Detox: Inpatient coverage</b>	Check Medicare guidelines for details	Check with Plan for details	Check with Plan for details
<b>Rehab: Outpatient coverage</b>	80% covered; Part B; Medicare-approved amounts	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts
<b>Rehab: Inpatient coverage</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	Not covered; not subject to Bridge	100% covered; Part A deductible and copays for days 1-150; 100% covered after you use up all Medicare hospital benefits
<b>Alternative Care</b>			
<b>Chiropractic</b>	80% covered; Part B; Medicare-approved amounts; manual manipulation of the spine to correct subluxation only	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts
<b>Acupuncture</b>	Not covered	Check with Plan for details	Check with Plan for details
<b>Care Management Programs</b>			
<b>Heart disease care management</b>	Check with Plan	Check with Plan	Check with Plan
<b>Hypertension care management</b>	Check with Plan	Check with Plan	Check with Plan
<b>Diabetes care management</b>	Check with Plan	Check with Plan	Check with Plan
<b>Asthma care management</b>	Check with Plan	Check with Plan	Check with Plan
<b>Prenatal care management</b>	Check with Plan	Check with Plan	Check with Plan

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<b>Cancer care management</b>	Check with Plan	Check with Plan	Check with Plan
<b>Smoking cessation program</b>	Check with Plan	Check with Plan	Check with Plan
<b>Weight control program</b>	Check with Plan	Check with Plan	Check with Plan
	Other		
<b>Noncustodial home health care</b>	100% covered; Part A and B; covered home health visits; must be medically necessary; deductible does not apply	Not covered; not subject to Bridge	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	Not covered; not subject to Bridge	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	Not covered; not subject to Bridge	100% covered; copay for days 21+
<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>	Not covered; not subject to Bridge	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	Not covered; not subject to Bridge	20% covered; remaining Medicare-approved amounts