

Feature		Lumenos CDHP - Pre-65	
	When Using Traditional Health Coverage; In-Network	When Using Traditional Health Coverage; Out-of-Network	
Provider	Lumenos 1-877-875-2094 Educational Site: www.info.lumenos.com User Name: ngcretiree; Password: northrop Participant Site: www.lumenos.com		
Cost Sharing			
Annual Deductible	\$800 Employee Only; \$1,200 Employee+Spouse; \$1,200 Employee+Child(ren); \$1,600 Family; in and out-of-network combined		
Out-of-pocket maximum	\$5,000 Employee Only; \$7,500 Employee+Spouse; \$7,500 Employee+Child(ren); \$10,000 Family; maximum includes annual deductible; in and out-of-network combined		
Lifetime coverage limit	\$2,000,000; for all Northrop Grumman-sponsored medical plan options; retiree and active combined; in and out-of-network combined		
Policies/Requirements			
Need to file claims	No	Yes	
Domestic partner benefits	Yes	Yes	
Access			
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	
Spending Account			
HRA -- You only	\$1,000		
HRA -- You and spouse	\$1,500		
HRA -- You and child	\$1,500		
HRA -- You and family	\$2,000		
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 about HRA Extras		
Outpatient Services			
Primary doctor office visit	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits	
Specialist doctor office visit	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits	
Preventive Care			
Annual physical exam	100% covered; not deducted from HRA account; must meet preventive guidelines; check with Plan for details	100% covered; not deducted from HRA account; subject to Reasonable and Customary limits; must meet preventive guidelines; check with Plan for details	

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Well-woman exam (includes pap)	100% covered; not deducted from HRA account; must meet preventive guidelines; check with Plan for details	100% covered; not deducted from HRA account; subject to Reasonable and Customary limits; must meet preventive guidelines; check with Plan for details
Mammogram	100% covered; not deducted from HRA account; must meet preventive guidelines; check with Plan for details	100% covered; not deducted from HRA account; subject to Reasonable and Customary limits; must meet preventive guidelines; check with Plan for details
Pediatric exams	100% covered; not deducted from HRA account; must meet preventive guidelines; check with Plan for details	100% covered; not deducted from HRA account; subject to Reasonable and Customary limits; must meet preventive guidelines; check with Plan for details
Immunizations (child)	100% covered; not deducted from HRA account; must meet preventive guidelines; check with Plan for details	100% covered; not deducted from HRA account; subject to Reasonable and Customary limits; must meet preventive guidelines; check with Plan for details
Colorectal screening	100% covered; not deducted from HRA account; must meet preventive guidelines; check with Plan for details	100% covered; not deducted from HRA account; subject to Reasonable and Customary limits; must meet preventive guidelines; check with Plan for details
Cancer screenings	100% covered; not deducted from HRA account; must meet preventive guidelines; check with Plan for details	100% covered; not deducted from HRA account; subject to Reasonable and Customary limits; must meet preventive guidelines; check with Plan for details
Cardiovascular screenings	100% covered; not deducted from HRA account; must meet preventive guidelines; check with Plan for details	100% covered; not deducted from HRA account; subject to Reasonable and Customary limits; must meet preventive guidelines; check with Plan for details
Allergy tests and treatments	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits
Outpatient Care		
Outpatient surgery	90% covered after deductible is met	60% covered after deductible is met
Outpatient laboratory services	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits
Outpatient physical therapy	90% covered after deductible is met; limited to 50 visits per benefit plan year; in and out-of-network combined	60% covered after deductible is met; limited to 50 visits per benefit plan year; in and out-of-network combined; subject to Reasonable and Customary limits

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Outpatient X-ray	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits
Outpatient occupational therapy	90% covered after deductible is met; limited to 50 visits per benefit plan year; in and out-of-network combined	60% covered after deductible is met; limited to 50 visits per benefit plan year; in and out-of-network combined; subject to Reasonable and Customary limits
Outpatient speech therapy	90% covered after deductible is met; limited to 50 visits per benefit plan year; in and out-of-network combined	60% covered after deductible is met; limited to 50 visits per benefit plan year; in and out-of-network combined; subject to Reasonable and Customary limits
Outpatient cardiac rehabilitation	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits
Family Planning / Maternity Care		
Office visit: pre/postnatal	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits
In-hospital delivery services	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits
Newborn nursery services	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits
Fertility services	90% covered after deductible is met; limited to \$10,000 Rx and \$15,000 medical per lifetime; in and out-of-network combined	60% cov after ded is met; ltd to \$10,000 Rx and \$15,000 medical per lifetime; in and out-of-network combined; subject to R & C limits
In vitro fertilization	90% cov after ded is met; limited to \$10,000 Rx and \$15,000 medical per lifetime for all fertility services combined; in and out-of-network combined	60% cov after ded is met; ltd to \$10,000 Rx and \$15,000 medical per lifetime; in and out-of-network combined; subject to R & C limits
Artificial insemination	90% cov after ded is met; limited to \$10,000 Rx and \$15,000 medical per lifetime for all fertility services combined; in and out-of-network combined	60% cov after deductible is met; ltd to \$10,000 Rx and \$15,000 medical per lifetime for all fertility services combined; in and out-of-network combined; subj to R & C limits
Female tubal ligation	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits
Male vasectomy	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits

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Hearing		
Hearing evaluations	90% covered after deductible is met; limited to one routine exam per benefit plan year	60% covered after deductible is met; subject to Reasonable and Customary limits; limited to one routine exam per person per benefit plan year
Hearing aids	90% covered after deductible is met; limited to \$500 per ear every three benefit plan years	60% covered after deductible is met; subject to Reasonable and Customary limits; limited to \$500 per ear every three benefit plan years
Vision		
Routine vision exams	Not covered	Not covered
Regular lenses and frames	Not covered	Not covered
Contact lenses	Not covered	Not covered
Dental		
Dental implants	Not covered	Not covered
Accidental injury to teeth	90% covered after deductible is met; limitations apply; check with Plan for details	60% covered after deductible is met; limitations apply; subject to Reasonable and Customary limits; check with Plan for details
Surgical removal of tumors, cysts and impacted teeth	90% covered after deductible is met; limitations apply; check with Plan for details	60% covered after deductible is met; subject to Reasonable and Customary limits; limitations apply; check with Plan for details
Inpatient Services		
Hospital copay	90% covered after deductible is met	60% covered after deductible is met
Hospital semi-private room	90% covered after plan deductible	60% covered after plan deductible
Inpatient lab and X-ray	90% covered; after deductible is met	60% covered after deductible is met
Inpatient surgery	90% covered; after deductible is met	60% covered after deductible is met
Inpatient physician and surgeon services	90% covered; after deductible is met	60% covered; after deductible is met
Emergency Care		
Emergency room (not followed by admission)	90% covered after deductible is met; 60% covered after deductible is met for non-emergencies	90% covered after deductible is met; 60% covered after deductible is met for non-emergencies
Urgent care clinic visit	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits
Ambulance services	90% covered after deductible is met; in and out-of network combined	
Prescription Drug Coverage		
Annual prescription deductible	Not applicable	Not applicable
Prescription drug website	Same as medical plan	
Prescription drug member services	Same as medical plan	
Prescription drug vendor	Same as medical plan	
Annual Rx out-of-pocket maximum	Not applicable	

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	Retail	
Retail generic	90% covered after deductible is met	60% covered after deductible is met
Retail formulary brand	90% covered after deductible is met	60% covered after deductible is met
Retail nonformulary brand	90% covered after deductible is met	60% covered after deductible is met
	Mail Order	
Mail order generic	90% covered after deductible is met	60% covered after deductible is met
Mail order formulary brand	90% covered after deductible is met	60% covered after deductible is met
Mail order nonformulary brand	90% covered after deductible is met	60% covered after deductible is met
	Other	
Oral contraceptives	Retail and mail order available	Retail and mail order available
Fertility drugs	90% covered after deductible is met; limited to \$10,000 per lifetime; in and out-of-network combined	60% covered after deductible is met; limited to \$10,000 per lifetime; in and out-of-network combined
Retail injectable drugs	90% covered after deductible is met	60% covered after deductible is met
	Mental Health	
Mental Health: Combined with substance abuse	Yes	Yes
Mental Health: Outpatient coverage	90% covered after deductible is met	60% covered after deductible is met; limited to 60 visits per benefit plan year; subject to Reasonable and Customary limits
Mental Health: Inpatient coverage	90% covered after deductible is met	60% covered after deductible is met; limited to 100 days per benefit plan year
	Substance Abuse	
Detox: Outpatient coverage	90% covered after deductible is met	60% covered after deductible is met; limited to 60 visits per benefit plan year; subject to Reasonable and Customary limits
Detox: Inpatient coverage	90% covered after deductible is met	60% covered after deductible is met; limited to 100 days per benefit plan year
Rehab: Outpatient coverage	90% covered after deductible is met	60% covered after deductible is met; limited to 60 visits per benefit plan year; subject to Reasonable and Customary limits
Rehab: Inpatient coverage	90% covered after deductible is met	60% covered after deductible is met; limited to 100 days per benefit plan year

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Alternative Care		
Chiropractic	90% covered after deductible is met; limited to 40 visits per benefit plan year; in and out-of-network combined	60% covered after deductible is met; limited to 40 visits per benefit plan year; in and out-of-network combined; subject to Reasonable and Customary limits
Acupuncture	90% covered after deductible is met; limited to 20 visits per benefit plan year; combined with acupressure; in and out-of-network combined	60% covered after deductible is met; limited to 20 visits per benefit plan year; combined with acupressure; in and out-of-network combined; subject to Reasonable and Customary limits
Care Management Programs		
Heart disease care management	Yes	
Hypertension care management	Yes	
Diabetes care management	Yes	
Asthma care management	Yes	
Prenatal care management	Yes	
Cancer care management	Yes	
Smoking cessation program	Yes	
Weight control program	No	
Other		
Noncustodial home health care	90% covered after deductible is met; limited to 120 visits per benefit plan year; in and out-of-network combined	60% covered after deductible is met; limited to 120 visits per benefit plan year; in and out-of-network combined; subject to Reasonable and Customary limits
Hospice care	90% covered after deductible is met; respite care limited to five days per episode; bereavement is excluded	60% covered after deductible is met; respite care limited to five days per episode; bereavement is excluded; subject to Reasonable and Customary limits
Prescribed care in noncustodial skilled nursing facility	90% covered after deductible is met; limited to 120 days per benefit plan year; in and out-of-network combined; limitations apply; check with Plan for details	60% covered after deductible is met; limited to 120 days per benefit plan year; in and out-of-network combined; subject to Reasonable and Customary limits
Durable medical equipment	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits
Prosthetic devices	90% covered after deductible is met	60% covered after deductible is met; subject to Reasonable and Customary limits