



MEMBER HANDBOOK

*Health Net EPO Insurance Plan
for Northrop Grumman Corporation*



Health Net[®]

LIFE INSURANCE COMPANY

A PRACTICAL GUIDE TO YOUR PLAN

This member handbook contains key benefit information for the Northrop Grumman Health Plan. Complete plan details are contained in separate full legal plan documents that govern plan administration. If there is a discrepancy between the information provided in this member handbook and the provisions of the plan documents, the plan documents will govern. Please refer to the benefit summary at www.healthnet.com/ngc for more benefit coverage information.

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EPO overview

Health Net's Exclusive Provider Organization (EPO) plan provides you with choice, flexibility and affordability. Our EPO plan works like an HMO but gives you access to our full PPO network of doctors and hospitals. The result is an easy-to-use plan that delivers convenience, cost predictability and choice.

This plan allows you to visit any doctor or hospital within Health Net's PPO network – one of the largest in California. There is no need to select a primary care physician nor do you need a referral to see a specialist within the PPO network. And out-of-pocket expenses will be lower when you receive care from a physician in family practice, general practice, internal medicine or pediatrics (for your child). Please note that services received outside of the PPO network are only covered in the event of an emergency.

There are no hidden fees, deductibles or coinsurances for medical services. You pay only a fixed copay amount.

- \$20 copayment for visiting a network primary care physician including: pediatricians, family practice, general practice or internal medicine physicians.
- \$40 copayment for visiting a network specialist, no referral required.

Certain benefits and services, such as inpatient hospitalization or outpatient surgery, must be coordinated and authorized by Health Net in order to be covered. (See page 5 for a full list of services that require authorization.)

What is the difference between the Health Net EPO plan and a PPO plan?

With the Health Net EPO plan, you can go to any doctor or hospital in Health Net's network. You do not need to select a primary care physician nor do you need a referral to see a specialist within the network. Services received outside of the network, however, are only covered in the event of an emergency.

A PPO plan generally includes two levels of benefit coverage so that non-emergent services received outside of the network are covered but at a reduced benefit level. This out-of-network coverage for non-emergent services is the difference between an EPO plan and a PPO plan.

Finding a provider

The best place to find a provider, specialist or facility is online at www.healthnet.com/ngc. If you don't have access to a computer call the Customer Contact Center for Northrop Grumman at 1-800-695-2281.

How do I see a physician using my benefits?

Start with a primary care physician within the Health Net network. A primary doctor can treat you for many conditions, perform preventive services and recommend you to a specialist. Remember your copayment is lower for visiting a network primary doctor. Primary care physicians include pediatricians, family practice, general practice or internal medicine physicians within the network.

If you have a concern that requires a specialist's attention, you may make an appointment with any network specialist without a referral by:

1. Using the Health Net Provider Search tool at www.healthnet.com/ngc.
2. Mentioning you are a Health Net EPO member.
3. Giving your subscriber ID number (found on your member ID card).
4. Explaining your health need or concern.
5. Making an appointment.

ALWAYS CARRY YOUR HEALTH NET ID CARD

Your Health Net ID card is your passport to all of your care as a Health Net member. You need your card when you get medical and hospital care through a Health Net PPO provider, and when you fill a prescription. Each family member should have received his or her own Health Net ID card.

- Your ID card also contains Health Net's toll-free Customer Contact Center number, 1-800-695-2281. Use it when you have any questions about your plan or benefits.
- If you lose or misplace your ID card, call the Customer Contact Center at 1-800-695-2281 or go online to www.healthnet.com/ngc to order a new one.

Prior authorization

Although you may self-refer to any network provider for consultation and evaluation at any time, you must receive prior authorization from Health Net for certain inpatient and outpatient services.

The following services require certification. If you do not contact Health Net prior to receiving certain services, your benefits may be reduced or denied. Services provided as a result of an emergency do not require certification. For pre-certification, please call Health Net's Pre-certification Department at 1-800-977-7282. This telephone number is also listed on your ID card.

SERVICES THAT REQUIRE CERTIFICATION INCLUDE:

- All inpatient admissions, any facility¹
 - Acute rehabilitation center
 - Hospital
 - Mental health facility
 - Skilled nursing facility
 - Chemical dependency care facility
 - Hospice
- Surgical Procedures including:
 - Abdominal, ventral, umbilical, incisional hernia repair
 - Blepharoplasty
 - Bariatric procedures
 - Breast reductions and augmentations
 - Rhinoplasty
 - Sclerotherapy
 - Uvulopalatopharyngoplasty (UPPP) and laser assisted UPPP
- Air Ambulance
- Durable medical equipment including wheelchairs, scooters, hospital beds and custom-made items
- Home health services including nursing, physical therapy, occupational therapy, speech therapy, home IV therapy and home uterine monitoring

¹Certification is not required for the length of a hospital stay for reconstructive surgery incident to a mastectomy or for renal dialysis. Certification is also not required for the length of stay for the first 48 hours following a normal delivery or 96 hours following cesarean delivery.

- Hospice care
- Orthognathic procedures (surgery performed to correct or straighten jaw and/or other facial bone misalignment to improve function) including TMJ treatment
- Prosthetics and orthotics over \$2,500
- Outpatient diagnostic procedures:
 - CT (computerized tomography)
 - MRA (magnetic resonance angiography)
 - MRI (magnetic resonance imaging)
 - PET (positron-emission tomography)
 - SPECT (single photon emission computed tomography)
- Tocolytic services (intravenous drugs used to decrease or stop uterine contraction in premature labor)
- Transplant related services:
 - Evaluation of transplant candidacy
 - Treatment while awaiting transplant
 - Transplant procedures
 - Post transplant care
- Clinical trials
- Bariatric-related services:
 - Non-surgical bariatric-related consultations
 - All bariatric-related surgical services

CHECK THAT ALL SURGERY OR PROCEDURES ARE AUTHORIZED IN ADVANCE OF YOUR ADMITTANCE DATE

Health Net must authorize certain benefits and services, such as inpatient hospitalization or outpatient surgery, in advance. Talk to your treating physician and check your benefits to ensure coverage.

Accessing urgent or emergency care

URGENT CARE

Urgent care is for medical conditions that require treatment but are not considered immediately life threatening. These may include situations such as a flare-up of a chronic condition like asthma, severe nausea and vomiting, an extremely high fever, or a sprained ankle.

If you don't have access to your doctor during regular business hours, you have direct access to any Health Net network urgent care facility. To find an urgent care facility in your area, go online to www.healthnet.com/ngc, or call Health Net's dedicated Customer Contact Center at 1-800-695-2281.

EMERGENCY CARE

Get immediate help. An emergency is a sudden, serious and unexpected illness, injury or condition.

- If your medical condition is considered dangerous or life threatening – call 911.
- If the nature of your illness or accident is severe and you are unable to call your physician before getting emergency care – have someone contact your primary care physician within 48 hours of receiving care.

If you can't obtain emergency treatment from a participating provider and seek it elsewhere, you will be covered for services and supplies until it is appropriate for you to return to the care of your participating physician.

Important note: In an emergency situation, Health Net will pay for covered services received from any licensed provider or treatment center anywhere in the world. You may have to pay for care at the time it is provided and then submit a claim to Health Net for reimbursement.

FILE A CLAIM FOR EMERGENCY CARE

If you received and paid for emergency care from a health care professional not participating with Health Net or one outside the Health Net service area, then you will need to submit a claim form to Health Net for reimbursement.

- Claim forms can be obtained by calling the Customer Contact Center at 1-800-695-2281, or by downloading it from the Health Net website at www.healthnet.com/ngc.
- Claims must be filed within 90 days from the date of service so that it can be processed in a timely manner.
- Keep all receipts and records of treatment. To be reimbursed, you will need to verify services you received and out-of-pocket costs.
- Send your completed claim form and an itemized statement of charges, including diagnosis, date and type of service to:

Health Net Commercial Health Plan Operations
P.O. Box 14702
Lexington, KY 40512

Prescription drug benefit program

Know your prescription drug benefit. Your financial responsibility for covered prescription drugs varies by the type dispensed.

Remember:

1. Coverage requires all maintenance medications to be filled using the Health Net mail order program after your third retail fill.
2. Generic equivalent drugs² will be substituted for prescribed brand-name drugs, if available.
3. Medications prescribed by a dentist are covered.
4. Get prescriptions filled at a Health Net participating pharmacy where the pharmacist will have access to your benefit coverage information.

DRUG TIER CLASSIFICATIONS³

CLASSIFICATION	DESCRIPTION
TIER I	Drugs are primarily generic medications listed in our Recommended Drug List, and are the most affordable.
TIER II	Drugs are primarily brand name medications and are also listed in the Health Net Recommended Drug List.
TIER III	Drugs are medications not listed in the Health Net Recommended Drug List that are not excluded nor limited from coverage.

²Generic drugs are as safe as brand-name drugs. All generic drug manufacturing and marketing must be conducted in strict compliance with the guidelines established by the U.S. Food and Drug Administration (FDA). No prescription drug may be sold without FDA approval.

³Your prescription drug copay will vary depending on the type of medication (Tier I, II, or III) dispensed. Some prescription drugs require prior authorization from Health Net to be covered. (Your physician will coordinate prior authorization.)

Health Net's recommended drug list

Health Net has a Recommended Drug List, a list of covered medications proven safe, effective and affordable. When your physician prescribes a medication from the Recommended Drug List, you can be sure you are receiving a high quality prescription medication that is also economical.

Check to see if the medication you are prescribed is on Health Net's Recommended Drug List at www.healthnet.com/ngc.

RECOMMENDED DRUG LIST FACTS

- The Recommended Drug List is updated regularly as new clinical information becomes available.
- It relies on input from the Health Net Pharmacy and Therapeutics Committee, a team of clinical pharmacists as well as physicians representing various medical specialties.
- Has medications on it that the Pharmacy and Therapeutics Committee approves – based on clinical effectiveness, safety and value – through published medical and scientific research, clinical experience and doctor recommendations.
- Copayments for prescription drugs are based on Health Net classifications for drugs, defined as Tier I, Tier II and Tier III.

GENERIC AND BRAND NAME DRUGS

Members pay lower out-of-pocket costs by using generic medications.

- Generic drugs must meet the same FDA standards for safety, purity, strength and effectiveness. Your prescription drug benefit offers coverage for medications not on the Recommended Drug List; however, these drugs are available for a higher copayment.
- Brand name drugs have a “brand” or trade name. Generic drugs are generally less expensive than brand name ones, but have the same medical benefit.
- When a new drug is developed, its maker applies for a patent to give it sole manufacturing rights for a period of time. Once the drug’s patent expires, other companies can make the drug using the same formula of active ingredients – but they cannot use the brand name.

Note: 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.

ASK YOUR DOCTOR THESE QUESTIONS WHEN YOU ARE PRESCRIBED A NEW MEDICATION

1. What is the name of the medication?
2. Why are you prescribing this medication?
What will it do?
3. What are the potential side effects?
4. Are there any foods, drugs or liquids that I shouldn't have when I take the medication?
5. What happens if I miss a dose?
6. Is this medication on Health Net's Recommended Drug List?
7. Is there a generic medication available to treat my medical condition?
8. How and when should I take my medication?
9. How long do I need to take it?
10. What should I do when I run out of the medication?

Mail order pharmacy program

Prescriptions for maintenance medications must be filled via the Health Net mail order pharmacy program, after your third retail refill, to ensure coverage under the Health Net EPO plan. A “maintenance medication” is any prescription drug needed to treat a chronic or long-term condition. Save time and money. You can order up to a 90-day supply of maintenance medication with the mail order pharmacy program.

Here’s how to open your account:

1. Have your doctor write a 90-day supply for mail order. You’ll need a separate prescription for each maintenance medication you take.
2. Write your first and last name, member ID number, address, telephone number and the words “Health Net” on the back of the prescription(s).
3. Complete the Health Net mail order form.
4. Mail the order form along with your prescription(s) at least two weeks before you’ll need a refill.

Download the mail order pharmacy brochure and order form at www.healthnet.com/ngc or call 1-800-695-2281.

Health education, wellness programs and online advantages

Health Net brings together trusted sources of health and medical information to make it easier for you to stay healthy, balance the demands of life, and manage emotional or financial challenges. Conveniently located within our member website, you have access to powerful and easy-to-use resources.

By registering and logging on to Health Net's custom website for Northrop Grumman, www.healthnet.com/ngc, you'll find information about the following programs and so much more!

ONLINE WELLNESS TOOLS

- **Decision PowerSM** is designed to help you make informed decisions should you face surgery, a chronic illness or another significant medical event. It includes 24/7 access to specially trained Health Coaches (nurses, dieticians and respiratory therapists). There are also video testimonials and other tools available so you can track and monitor your condition over time. Call 1-800-893-5597 or visit www.healthnet.com/ngc.
- **Free wellness programs** available on weight management, smoking cessation, pregnancy, preventive care and nutrition.
- **Online Health Risk Questionnaire (HRQ)** for identifying possible health risks, such as heart disease and diabetes. Receive a personalized health profile to share with your doctor.
- **Build a Personal Health Record (PHR)** by entering your medical and prescription drug history. Also choose to have your claim data added – now you'll have a complete medical snapshot whenever you need it.
- **Health Topics** provide reliable information and news on the diagnosis, treatment, and prevention of common health

problems. Health topics include self-help programs for overall health, insomnia, stress and more.

- **Treatment Cost Estimator** gives you location-specific cost estimates for common health care services such as diagnostic test and inpatient or outpatient procedures and treatments.
- **Discounts** on massage therapy plus on health-related items such as fitness club memberships, vitamins, eyewear, fitness apparel, weight management programs and more.

ONLINE BUSINESS TOOLS

Get things done quickly and easily by using our secure website to take care of the following tasks:

- View eligibility and plan information
- Order replacement ID card(s)
- Print temporary ID cards(s)
- Update your e-mail address
- Send a secure e-mail to our Customer Contact Center

Confidentiality

Personal information in your medical records is private. Northrop Grumman has a Notice of Privacy Practices that describes how it uses and discloses protected health information; your rights to access and to request amendments, restrictions and an accounting of disclosures of protected health information; and the procedures for filing complaints. You may obtain a copy of Northrop Grumman's Notice of Privacy through the Northrop Grumman Benefit Center at 1-800-894-4194.

Physician and provider compensation

Health Net does not encourage or offer financial incentives to doctors to deny any type of member care or treatment. Doctors who fail to provide the appropriate services to Health Net members will be investigated and may have their Health Net contracts terminated.

Health Net makes treatment decisions about your care based on medical necessity and appropriateness. Cost is not considered when determining which treatment type is best for you.

Sometimes your primary care physician will ask Health Net's medical directors to help ensure a member like you receives quality care and services. As part of the process, we may conduct evaluations to check treatment plan necessity and efficiency. These reviews help make sure you get the right care at the right time and place.

Your rights and responsibilities

Health Net is committed to treating members in a manner that respects their rights, recognizes their specific needs and maintains a mutually respectful relationship. In order to communicate this commitment, Health Net has adopted these members' rights and responsibilities. These rights and responsibilities apply to members' relationships with Health Net, its contracting practitioners and providers, and all other health care professionals providing care to its members.

MEMBERS HAVE A RIGHT TO:

- Receive information about Health Net, its services, its practitioners and providers and members' rights and responsibilities.
- Be treated with respect and recognition of their dignity and right to privacy.
- Participate with practitioners in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the organization or the care it provides.
- Make recommendations regarding Health Net's member rights and responsibilities policies.

MEMBERS HAVE THE RESPONSIBILITY TO:

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care that they have agreed on with their practitioners
- Understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- Provide any information your health care practitioner, health care provider and Health Net need to care for you appropriately, including consent for specialty physicians to share important health information with your primary care physician.
- Contact your physician or Health Net with any questions or concerns about your health benefits or health care services.

BE AWARE OF YOUR HEALTH BENEFITS AND UNDERSTAND HOW TO OBTAIN THEM CORRECTLY

Discuss your health problems with your physician so you understand them, and work with your physician to develop mutually agreed-upon treatment goals. Follow the instructions and guidelines that you have agreed upon with your physician.

Member grievance and appeals process

If a problem arises, let us know about it. We want you to be satisfied. For a full explanation of the complete process and all your rights to file a grievance or appeal, please read your Summary Plan Description (SPD) that governs administration. Your SPD is available online at www.benefits.northgrum.com.

HERE ARE A FEW BASIC STEPS TO REPORT A PROBLEM:

Our Appeals and Grievances department is organized to assist in resolving member complaints. Our Grievance and Appeal Process allows members 365 days to file a grievance or appeal following any incident or action that is the subject of the member's dissatisfaction. We will work with you to arrive at a mutually satisfactory solution.

If we are unable to reach a resolution that meets your satisfaction, you, your doctor or your authorized representative may request that Health Net conduct further review of your concern under the appeal process described in your legal plan documents that govern administration. The process that is used to communicate about problems with Health Net is called the Grievance and Appeals Process. We have established this process to address your issues in a

timely manner. A grievance is a type of dissatisfaction. An appeal is your right to challenge a denial decision made either by your health plan practitioner or Health Net concerning health care benefits.

If you, the member, are not satisfied with efforts to solve a problem with Health Net Life (HNL) or a medical provider, you must first file a grievance or appeal against HNL by contacting HNL's Customer Contact Center at the telephone number on your ID card. You may also file your grievance or appeal online.

Please visit www.healthnet.com/ngc to download a member grievance form or follow the online grievance submission procedure explained on the website.

As the member, you may also file a complaint in writing by sending your information to:

Health Net Life Insurance Company
Appeals and Grievances Department
P.O. Box 10348
Van Nuys, CA 91410-0348

Please provide details of your concern along with appropriate dates of service and provider names, if necessary. Also include your name and Health Net identification number. Health Net will acknowledge receipt of your request, review your case and inform you of our determination in writing.

Health Net will acknowledge your grievance or appeal within five calendar days, review the information and tell you of our decision in writing within 30 days of receiving the grievance or appeal. If you are not satisfied with the outcome of your Level 1 appeal, you may re-submit a Level 2 appeal to Health Net. A Level 2 appeal will be reviewed by a Health Net Appeals and Grievance Coordinator and/or Medical Director that was not involved in the Level 1 appeal review. Please refer to your SPD for any additional appeal procedures that may be available to you beyond Health Net's Level 1 and 2 reviews.

MAKE AN ADVANCE HEALTH CARE DIRECTIVE

An advance health care directive is a document in which you give instructions about your health care if; in the future you cannot speak for yourself. You can give someone you name (your "agent" or "proxy") the power to make health care decisions for you. You can also give instructions about the kind of health care you do or do not want.

In a traditional Living Will, you state your wishes about life sustaining medical treatments if you are terminally ill. In a Durable Power of Attorney for Health Care, you appoint someone else to make medical treatment decisions for you if you cannot make them for yourself. In California, the Advance Health Care Directive has replaced both the Natural Death Act Declaration for a living will and the Durable Power of Attorney for Health Care for appointing a health care agent. It permits you not only to appoint an agent, but also to give instructions about your own health care. Every person's circumstances are different. Also, laws vary from state to state, particularly about the formalities for completion, such as witnesses and notaries. Ask your physician, nurse or social worker to get more information for you on this subject.

Important reminders

- Your medical records are subject to stringent privacy safeguards put in place by the state and federal government. Health Net works with these agencies to assure the privacy of your medical records.
- New technologies, including experimental treatments, are reviewed by Health Net for effectiveness prior to being approved for coverage.
- All of Health Net’s reviews are based on medical necessity and appropriateness, not cost.
- As a Health Net member, you have certain rights and responsibilities related to your medical care. This includes the right to create an “Advance Health Care Directive” to direct your care in case you are not able to communicate your wishes through speech or writing.
- Health Net is committed to resolving any dispute you may have with your doctor or the plan to the best of our ability. We have in place a grievance and appeal system to protect your rights as a Health Net member.



For more information please contact:

**Customer Contact Center for
Northrop Grumman Members:**

1-800-695-2281

Service hours 8:00 a.m. to 6:00 p.m. PST

Other language service phone numbers:

1-800-331-1777 (Spanish)

1-877-891-9050 (Cantonese)

1-877-339-8596 (Korean)

1-877-891-9053 (Mandarin)

1-877-891-9051 (Tagalog)

1-877-339-8621 (Vietnamese)

**Telecommunications Device for
the Hearing and Speech Impaired**

1-800-995-0852

www.healthnet.com/ngc

Decision PowerSM is not part of Health Net's commercial medical benefit plans nor affiliated with Health Net's provider network and it may be revised or withdrawn without notice. Decision Power is part of Health Net's Medicare Advantage benefit plans but is not affiliated with Health Net's provider network. Decision Power services, including Health Coaches, are additional resources that Health Net makes available to enrollees of Health Net of California.

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