

FOR NORTHROP GRUMMAN

# PLAN OVERVIEW

*Premier Network EPO*



Health Net®  
A BETTER DECISION

With Health Net's Premier Network EPO you'll get direct access to any specialist in the network. Plus, we've made the plan simple to use. You can self-refer to any provider within the Premier Network for consultative services but must receive authorization from your Primary Care Physician (PCP) at your medical group for all inpatient admissions and outpatient surgeries.

This overview provides highlights of benefit information about the Northrop Grumman Health Plan. Complete details about the plan are contained in the legal plan documents that govern plan operations and administration. If there is a discrepancy between the information provided below and the provisions of the plan documents, the plan documents will govern.

<b>KEY BENEFITS</b>	
<b>PROVIDER</b>	Health Net 1-800-695-2281 www.healthnet.com/ngc
<b>PCP REQUIRED?</b>	Yes Note: When accessing www.healthnet.com/ngc to choose your PCP, select <i>Premier Network Doctor Search</i>
<b>MEDICAL REIMBURSEMENT ACCOUNT (MRA)</b>	Not available in this plan option
<b>ANNUAL DEDUCTIBLE/BRIDGE</b>	None
<b>OFFICE VISIT</b>	100% after \$20 copay for PCP within selected medical group; 100% after \$40 copay for Premier Network PCP outside selected medical group
<b>SPECIALIST OFFICE VISIT</b>	100% after \$40 copay
<b>X-RAY, LAB TESTS</b>	100% in physician's office; 100% after \$20 copay for outpatient network laboratories
<b>HOSPITAL (INPATIENT)</b>	100% after \$200 copay; must be authorized by selected medical group <sup>1</sup>
<b>CHIROPRACTIC</b>	
Office Visit	100% after \$40 copay; no referral required
Benefit Maximum	40 visits per benefit plan year
<b>ACUPUNCTURE/ACUPRESSURE</b>	
Office Visit	Acupuncture: 100% after \$40 copay. No referral required. Acupressure: not covered
Benefit Maximum	20 visits per benefit plan year
<b>PREVENTIVE CARE</b>	
Office visit	100% after \$20 copay for PCP or \$40 copay for specialist
Colonoscopy	100%
Mammogram	100%
<b>SURGERY</b>	
Inpatient	100% after \$200 copay; must be authorized by your PCP's medical group <sup>1</sup>
Outpatient	100%; must be authorized by your PCP's medical group <sup>1</sup>
<b>EMERGENCY ROOM</b> (participating facility)	\$250 copay, waived if admitted to hospital
<b>EMERGENCY ROOM</b> (non-participating facility)	\$250 copay, waived if admitted to hospital
<b>PRESCRIPTION DRUGS</b>	
	Open formulary Prescriptions will be filled with a chemically equivalent generic alternative regardless if the doctor prescribed a brand-name drug. If you choose to purchase a brand-name drug you will pay your copayment plus the difference in cost between the generic and the brand-name drug. Mandatory mail-order program for maintenance medications after the third retail fill Drugs prescribed by dentists are covered
Deductible	None
Generic Formulary	100% after \$5 copay or 10% coinsurance, whichever is greater, for up to a 30-day supply
Generic Non-Formulary	100% after \$40 copay or 10% coinsurance, whichever is greater, for up to a 30-day supply
Brand Formulary	100% after \$20 copay or 10% coinsurance, whichever is greater, for up to a 30-day supply

**KEY BENEFITS****PRESCRIPTION DRUGS (CONTINUED)**

Brand Non-Formulary	100% after \$40 copay or 10% coinsurance, whichever is greater, for up to a 30-day supply
Mail Order	Retail copay or coinsurance, whichever is greater, for up to a 90-day supply
Annual Prescription Drug Out-of-pocket maximum	
Individual:	\$1,500 per plan benefit year
Family:	\$3,000 per plan benefit year

**MENTAL HEALTH AND SUBSTANCE ABUSE**

Mental Health and Substance Abuse (inpatient)	Benefits provided by Health Net; inpatient care must be authorized by selected medical group 100% after \$200 copay per admission Maximum: 60 days per benefit plan year <sup>1</sup> (mental health and substance abuse combined). One day of acute inpatient equals two days of partial hospitalization or residential treatment.
Mental Health and Substance Abuse (outpatient)	100% after \$20 copay Maximum: 60 individual, group, or family visits per benefit plan year (mental health and substance abuse combined)

**VISION**

Exams	100% after \$20 copay for screening by PCP only; maximum of one visit per benefit plan year
Lenses	Not covered
Frames	Not covered

**HEARING**

Exam	\$20 copay for PCP or \$40 copay for specialist; maximum of one exam per benefit plan year
Hearing aids	Total hearing benefit maximum: \$1,000 per benefit plan year, including hearing aid repair

**PHYSICAL THERAPY**

Physician/outpatient visit	100% after \$20 copay per visit
Benefit maximum	50 visits per benefit plan year

**SPEECH THERAPY**

Physician/outpatient visit	100% after \$20 copay per visit
Benefit maximum	50 visits per benefit plan year

**OCCUPATIONAL THERAPY**

Physician/outpatient visit	100% after \$20 copay per visit
Benefit maximum	50 visits per benefit plan year

**CARDIAC THERAPY**

Physician/outpatient visit	100% after \$20 copay per visit
Benefit maximum	Limited to Phase 1 and Phase 2 care

**OB/GYN**

Hospital admission	100% after \$200 copay; must be authorized by your PCP's medical group <sup>1</sup>
Prenatal office visit	100% after \$20 copay for initial visit only
GYN office visit	100% after \$20 copay for PCP or \$40 copay for specialist. No referral required to see Premier Network specialist
Infertility	100% after applicable copayments to lifetime maximum of \$12,500, including prescription drugs

**EQUIPMENT**

Durable medical equipment	100% when medically necessary
Prosthetics	100% when medically necessary

**DOMESTIC PARTNER COVERAGE OFFERED?**

	Yes
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<sup>1</sup>Inpatient hospitalization, skilled nursing/inpatient rehabilitation facility confinement, outpatient surgery, hospice care, maternity care that exceeds 48 hours for normal delivery and 96 hours for cesarean birth; reconstructive procedures (no penalty) and organ transplant services require prior authorization through the member's Participating Physician Group.

Limitations and exclusions apply – please see your SPD for details.

For more information  
please contact:

Health Net  
Post Office Box 9103  
Van Nuys, California 91409-9103

**Customer Contact Center**  
1-800-695-2281

**Telecommunications Device for  
the Hearing and Speech Impaired**  
1-800-995-0852

**[www.healthnet.com/ngc](http://www.healthnet.com/ngc)**