# Summary of Material Modifications to the Northrop Grumman Retiree Medical Plan Effective January 1, 2020

This document constitutes a summary of material modifications to the Northrop Grumman Retiree Medical Plan. Complete details about the Plan are contained in the legal plan documents that govern plan operation and administration. If there is a discrepancy between the information provided elsewhere, such as on a benefits website, the provisions of the plan documents (including this summary of material modifications), the plan documents will govern. Northrop Grumman reserves the right in its sole discretion to terminate, suspend, withdraw, amend or modify the plans at any time and for any reason.

# Medical Coverage

## Anthem Administered Plan Options

As of January 1, 2020, the plan options administered by Anthem are as follows:

- High Premium/Low Deductible Plan. This replaces the Premium Plan and is available to pre-Medicare and Medicare-eligible retirees.
- Medium Premium/Medium Deductible Plan. This replaces the Value Plan and is available to pre-Medicare retirees. Like the old Value Plan, the Medium Premium/Medium Deductible Plan is compatible with a Health Savings Account ("HSA").

The new Anthem administered plan options use the same Anthem network as the previous plans, and generally cover the same services as the previous plan options, although different limitations for certain services may apply. Highlights of the new plan options are below:

		High Premium/Low Deductible Plan		Medium Premium/Medium Deductible Plan	
		In-network	Out-of-network	In-network	Out-of-network
Annual Deductible	Retiree Only	\$1,000	\$2,000	\$1,700	\$3,400
	Retiree + Spouse	\$1,500	\$3,000	\$2,800	\$5,600
	Retiree + Child(ren)	\$1,500	\$3,000	\$2,800	\$5,600
	Retiree + Family	\$2,000	\$4,000	\$3,400	\$6,800
		In-network	Out-of-network <sup>1</sup>	In-network	Out-of- network <sup>1</sup>
Coinsurance Medical Care	Preventive	All plans provide 100% in-network coverage for nationally recommended preventive care services.			
	Non-preventive (after deductible is met)	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible
Coinsurance Prescription Drugs		In-network pharmacy/CVS mail service <sup>2</sup>		In-network pharmacy/CVS mail service <sup>2</sup>	
	Preventive	Plans provide 100% coverage for certain eligible prescription drugs through in-network pharmacies or mail order. Other preventive drugs may require a coinsurance payment that will not be subject to the deductible. Contact CVS/caremark® for details.			
	Non-preventive (after deductible is met)	Generic: Plan pays 80% Brand: Plan pays 75% Non-preferred brand: Plan pays 65% Specialty drugs: Plan pays 75% (maximum amount you pay is \$400 per prescription after deductible)			
		In-network	Out-of-network	In-network	Out-of- network
Out-of-Pocket	Retiree Only	\$2,000	\$4,000	\$4,000	\$8,000
Maximum	Retiree + Spouse <sup>3</sup>	\$3,000	\$6,000	\$6,000	\$12,000
(includes deductible	Retiree + Child(ren) <sup>3</sup>	\$3,000	\$6,000	\$6,000	\$12,000
and coinsurance)	Retiree + Family <sup>3</sup>	\$4,000	\$8,000	\$8,000	\$16,000

<sup>1</sup> Out-of-network coverage is based on the maximum allowed amount.

### EmblemHealth HMO

The EmblemHealth HMO has been discontinued as of January 1, 2020.

#### Telemedicine

Telemedicine, through LiveHealth® Online, allows you to visit with a board-certified doctor by using your smartphone, tablet, computer with a webcam for non-urgent services like pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 and, if it's needed, they can send a prescription to your local pharmacy. The cost ranges from \$10–\$59 depending on your medical plan.

Therapists and psychologists are also available by appointment seven days a week, and costs vary depending on your medical plan and type of service. Go to <a href="https://www.livehealthonline.com">https://www.livehealthonline.com</a> to learn more.

<sup>2</sup> For out-of-network prescription drugs, the plan pays 50% of allowed costs and you pay 50%.

<sup>3</sup> This is the out-of-pocket maximum for all covered family members combined. If an individual within the family reaches the "Retiree Only" maximum, the plan will pay 100% of the eligible expenses for that individual.