NORTHROP GRUMMAN

2027 Annual Enrollment

Get to Know Our New Benefits Vendors







Total Rewards – Health & Welfare

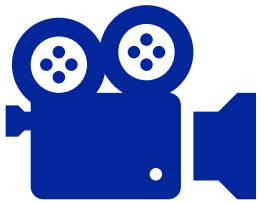
Agenda



Meet our new benefit vendors & get to know the services available to you in 2027.



Submit questions throughout the presentation. Our Benefits team will respond directly and bring common themes to our vendors for a live discussion toward the end.



Can’t stay for the full session? This webinar will be recorded and made available on the Total Rewards Gateway (TRG) for future viewing.

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MetLife Dental Insurance

Starting Jan. 1, 2027

PDP Plus

Prepared for: **Northrop Grumman Corporation**

MetLife NORTHROP GRUMMAN

A MetLife plan that offers savings, choice and anywhere, anytime service[D1]

A simpler, single network structure that provides expanded coverage and a commitment to continued growth in areas that matter most to you

Explore our large network of carefully selected, participating dentists with flexibility to go to any dentist **in- or out-of-network**

Negotiated Fees are the fees that MetLife's in-network dentists have agreed to accept as payment in full for most services**.** These fees are **typically 25% to 50% less** than the average charges in the same area.

With MetLife's International Dental Travel Assistance Program, **access dentists in more than 200 countries**[D3]

Easy access to pre-treatment estimates, real-time claims processing and benefits coverage online or in the MetLife mobile app[D4]

If diagnosed with a medical condition such as diabetes, pregnancy or heart disease, your plan provides additional coverage for specific preventive and periodontal dental services to help you manage your overall health.
Depending on your diagnosis, additional benefits can include additional exam and cleanings as well additional periodontal maintenance (up to 4 per year).

+Negotiated fees are subject to any co-payments, deductibles, costsharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

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MetLife Dental plans

Services	Preventative Care In-network[D5]: % of Negotiated fee[D6] Out-of-network[D5]: % of R&C fee[D7]	Dental Care In-network[D5]: % of Negotiated fee[D6] Out-of-network[D5]: % of R&C fee[D7]	Dental Care Plus In-network[D5]: % of Negotiated fee[D6] Out-of-network[D5]: % of R&C fee[D7]
Preventive & Diagnostic Services **(cleanings, exams, X-rays)**	**In-Network: 100%** Out-of-Network: 100%	**In-Network: 100%** Out-of-Network: 100%	**In-Network: 100%** Out-of-Network: 100%
Basic Restorative Services **(fillings, extractions)**	**Not Covered**	**In-Network: 80%** Out-of-Network: 50%	**In-Network: 80%** Out-of-Network: 50%
Major Restorative Services **(bridges, dentures, Implants)**	**Not Covered**	**In-Network: 50%** Out-of-Network: 50%	**In-Network: 50%** Out-of-Network: 50%
Orthodontia Covered Services[D9]	**Not Covered**	**Not Covered**	**In-Network: 50%** Out-of-Network: 50%
TMJ	**Not Covered**	**In-Network: 50%** Out-of-Network: 50%	**In-Network: 50%** Out-of-Network: 50%
Calendar-Year Deductible – Applies to Basic and Major Services: Individual Family	 N/A N/A	 In-Network: $100/ Out-of-Network: $200 In-Network: $200/ Out-of-Network: $400	 In-Network: $100/ Out-of-Network: $200 In-Network: $200/ Out-of-Network: $400
Calendar-Year Maximum Benefit (Per Person)	**In-Network: $500** Out-of-Network: $500	**In-Network: $1,500** Out-of-Network: $1,000	**In-Network: $2,500** Out-of-Network: $1,500
Orthodontia Lifetime Maximum (Per Person)	**Not Covered**	**Not Covered**	**In-Network: $3,000** **Out-of-Network: $1,500**

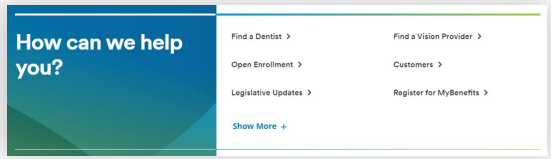
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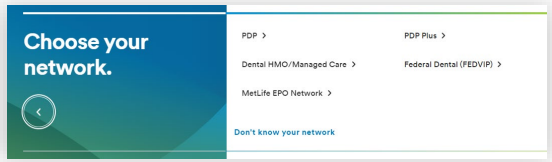
Find a dental provider

With MetLife Dental insurance, you can choose from thousands of general and specialist dentists nationwide. You can search for your current dentist or find participating dentists by searching our online **Find a Dentist** directory.

Go to metlife.com Select “Find a Dentist”



Select “PDP Plus” for Your network



Enter your Zip, City or State Click “Find”

Would you like your dentist to participate in the MetLife network? There are two ways to recommend a dentist:

1

Have your dentist visit
dentalprovider.metlife.com
to submit an application.
This website is for use by dental professionals only.

2

Provide MetLife your dentist’s information online:

- Log-in to **metlife.com/mybenefits**
- Select “See All Benefits”, then “Dental”
- Go to “Tools and Resources”, then click on “Recommend a Dentist”
- Once completed, MetLife will send your dentist an application

Dentist not in-network? Nominate your provider on MyBenefits!

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Your online account - a simpler, smarter experience for you

MetLife's online website - MyBenefits and our mobile app work the same way.

Visit **metlife.com/mybenefits** or download the **MetLife US App** and log in with your MyBenefits information.*

Register and log in faster

Just a few steps, no employer information needed — only your SSN

If you have already registered with MyBenefits, you will see MetLife Dental on Jan. 1, 2027

All your benefits in one place

See all your MetLife policies on one home page. No account linking.

Easy access your Dental ID Card

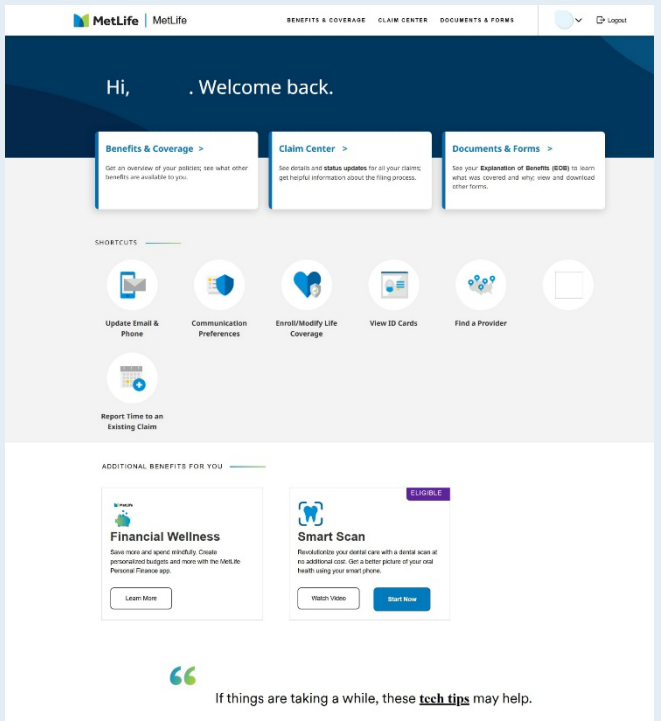
Set your preferences once

Choose how you hear from us once — it applies to all your benefits.

An app that matches the website

Same look, same features, plus more self-service on your phone.

*MetLife Online Services capabilities may vary by product and may not be available to all customers.



MyBenefits website — unified home page



MetLife US App home

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Transition of Care

We’re here to keep dental care on track when switching carriers

Endodontic Treatment[1]

- **Root Canal:** A tooth opened prior to, but completed after Jan. 1, 2027, will be considered an eligible expense[2] under the MetLife Dental plan.

Prosthodontic Treatment[1]

- **Crowns and Bridgework**: Treatment (preparation and impressions) started prior to but placed after Jan. 1, 2027, will be an eligible expense[2] under the MetLife Dental plan.
- **Partial or Full Dentures**: Final impressions for appliances completed prior to, but delivery made after Jan. 1, 2027, will be an eligible expense[2] under the MetLife Dental plan subject to MetLife plan frequency limits.

Orthodontia Treatment

- Payment history and treatment plan information will be provided by Delta prior to Jan. 1, 2027. The dental office will then need to submit a claim to MetLife after Jan.1, 2027. We’ll then prorate the benefits and pick up payments.
  - This process ensures the total benefit paid between the two carriers does not exceed the lifetime orthodontia maximum under the MetLife Dental PPO plan.

1 Endodontic and Prosthodontic treatments, as well as other services eligible for transition of care, are subject to annual maximums and plan frequency limits as set by the MetLife Dental plan.
2 Please note that MetLife assumes that the dentist is using the completion date (not the preparation date) as the billing date. Based on this assumption, claims received with dates of service prior to the MetLife effective date will be declined..

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Things to know:

Visit the Northrop Grumman Microsite to view the Dental Plan Summary for more information!
http://www.metlife.com/info/ngc/

Dental ID Cards
Will be mailed to your home address prior to Jan. 1, 2027.
You and your eligible dependent(s) don't need to present an ID card to confirm that you're eligible for dental benefits.

Register with MyBenefits today!
www.metlife.com/mybenefits
If you have already registered with MyBenefits, you will see MetLife Dental on Jan. 1, 2027

Call: 1-855-488-0521
Mondays – Fridays, 8 a.m. – 9 p.m., ET
Saturdays – Sundays, 10 a.m. – 7 p.m., ET

Visit MetLife's Oral Health Library[D14]
www.oralfitnesslibrary.com

Footnotes and disclosures

D1 Subject to frequency limitations.

D2 Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit a dentist, and the cost of services rendered.

D3 AXA Assistance USA, Inc. provides dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance or services provided by MetLife. Referral services are not available in all locations.

D4 To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of MetLife Mobile App are not available for MetLife Dental Plans.

D5 In-network refers to benefits provided under this program for covered dental services that are provided by a participating dentist. Out-of-network refers to benefits provided under this program forcovered dental services that are not provided by a participating dentist.

D6 Based on MetLife Data. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

D7 R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

D9 We recommend you receive a pre-treatment estimate from your provider to determine estimated costs of your orthodontia treatment. Orthodontia covers children up to their 19th birthday.

D10 Certain Limitations apply to some services; please review your Schedule of Benefits for full details.

D14 All information provided on this website ("Website") is intended for your general knowledge only and is not a substitute for obtaining medical or dental advice for specific medical or dental conditions or other advice from your dentists or doctors. By making this Website available to you, Metropolitan Life Insurance Company and its affiliates (collectively, "MetLife") is not engaged in rendering any such advice. Use of this Website is subject to all the terms stated herein. Insofar as the information provided on this Website is from third parties or links to third party websites, it has no association whatsoever with MetLife, unless expressly stated.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife representative for costs and complete details. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

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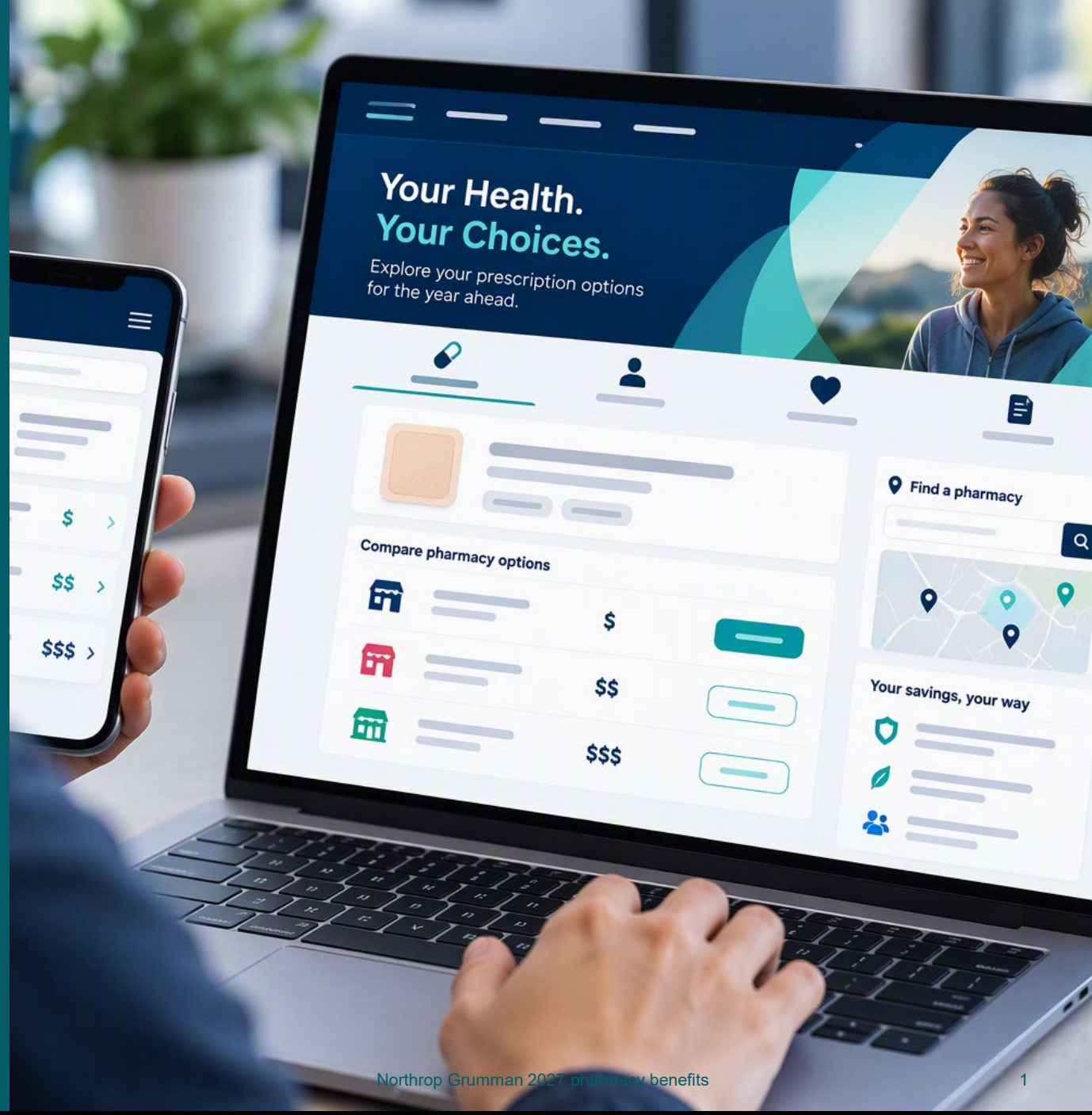
COVERAGE STARTS JAN. 1, 2027

Meet Express Scripts

Your pharmacy benefit partner

We work with Northrop Grumman to help employees and families understand coverage, fill prescriptions and manage pharmacy benefits online, at retail and through home delivery.

Why it matters: clearer choices, useful digital tools and support when you need it.



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Convenience and choice for filling prescriptions

Choose the option that fits the medication, your plan and your routine.



CVS and retail pharmacy

Yes, you can continue to fill prescriptions at CVS. CVS is included in the retail network. Confirm the pharmacy location before filling.

Home delivery

For eligible maintenance medications, home delivery can provide a 3-month supply and online shipment tracking.

90-day options

Eligible long-term medications may use the plan's maintenance network or home delivery.

Specialty Meds

Accredo Specialty Pharmacy supports specialty medications, with access to specialty-trained pharmacists and nurses.

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Northop Grumman/Express Scripts Microsite

During Annual Enrollment use the Northrop Grumman/Express Scripts microsite to review the plans available to you, your coverage options and pharmacy network options.

Annual Enrollment microsite: www.express-scripts.com/NorthropGrumman

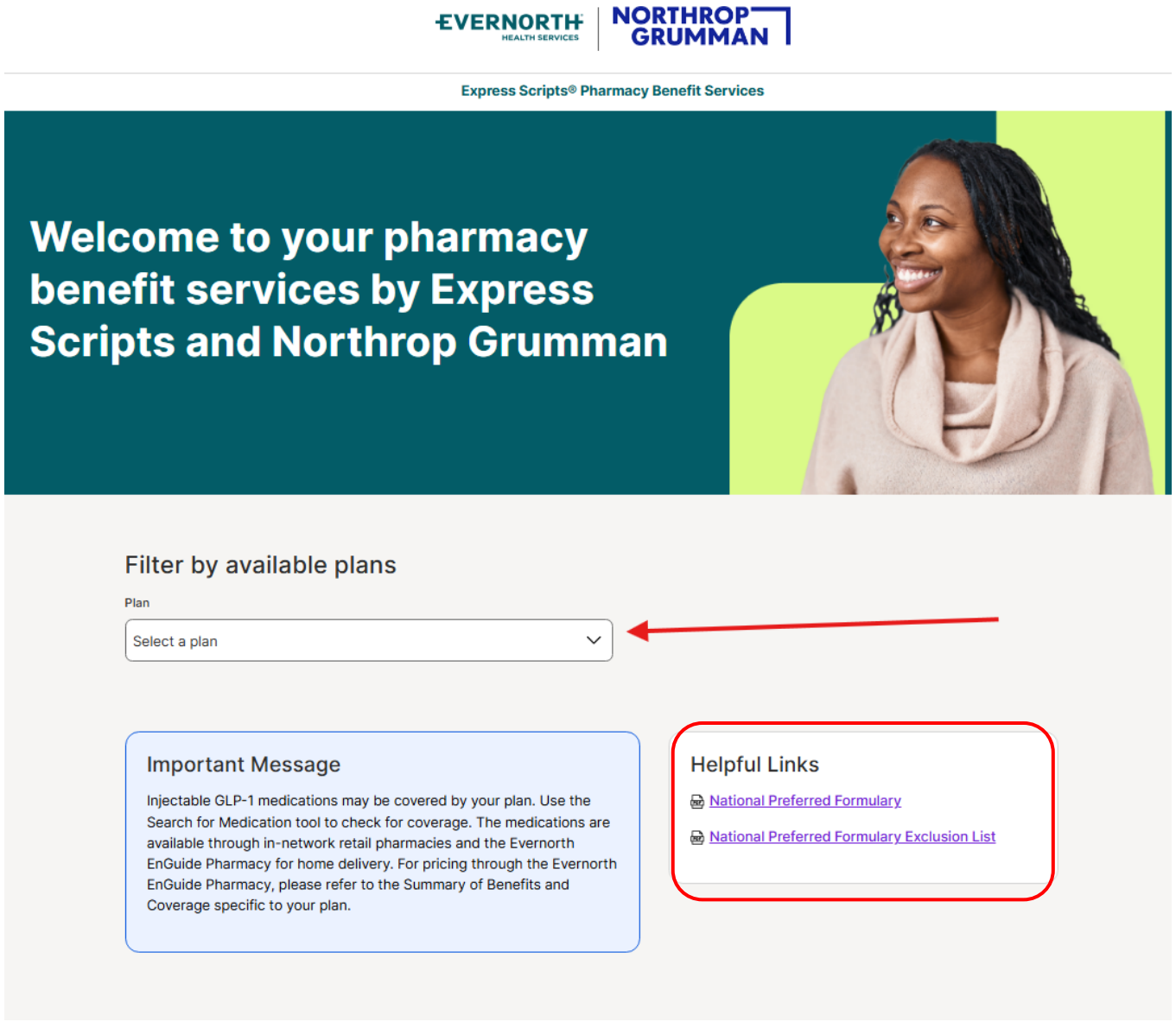
Scan to visit the microsite



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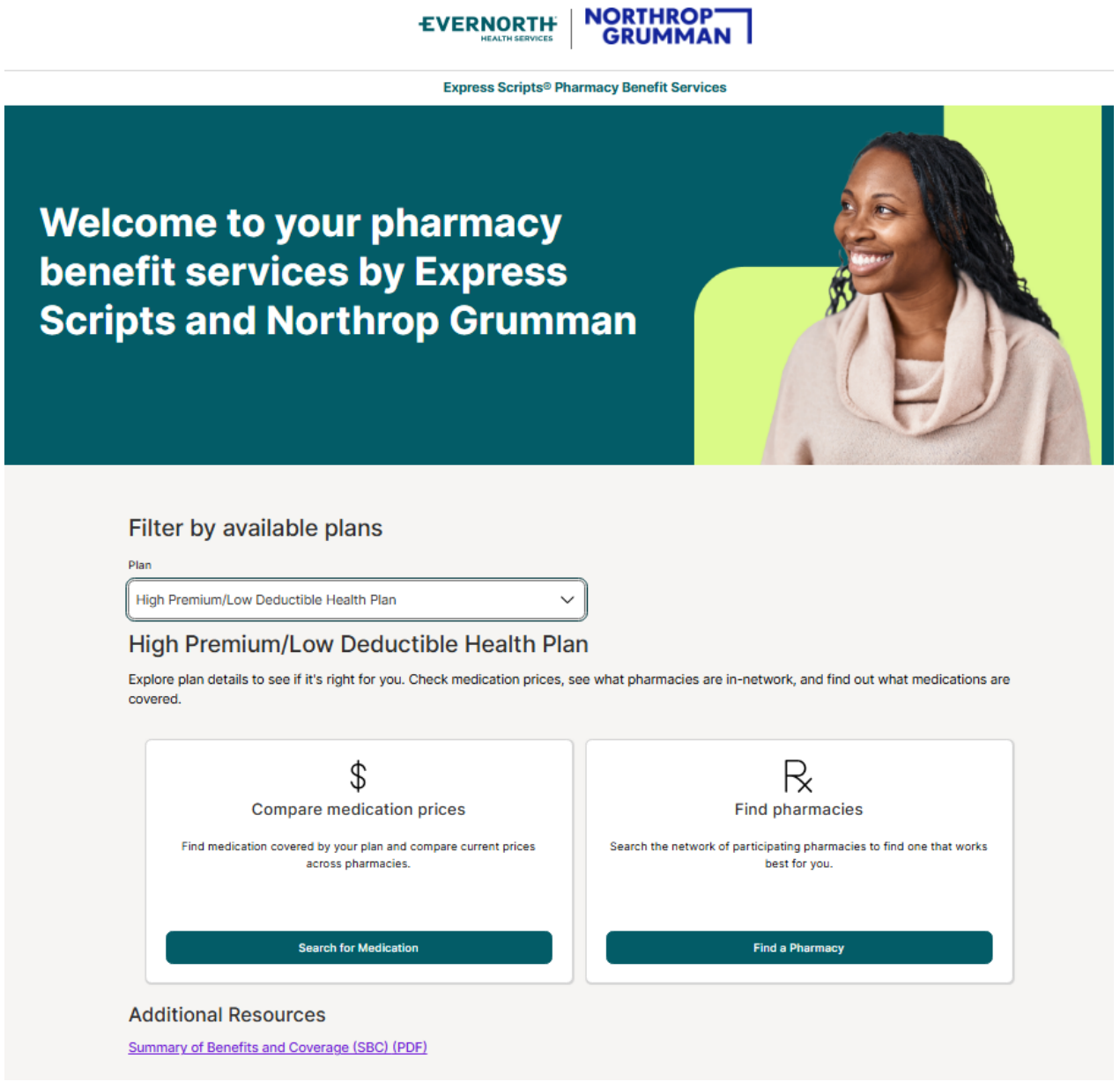
Navigating the Microsite - Selecting a Plan to Review



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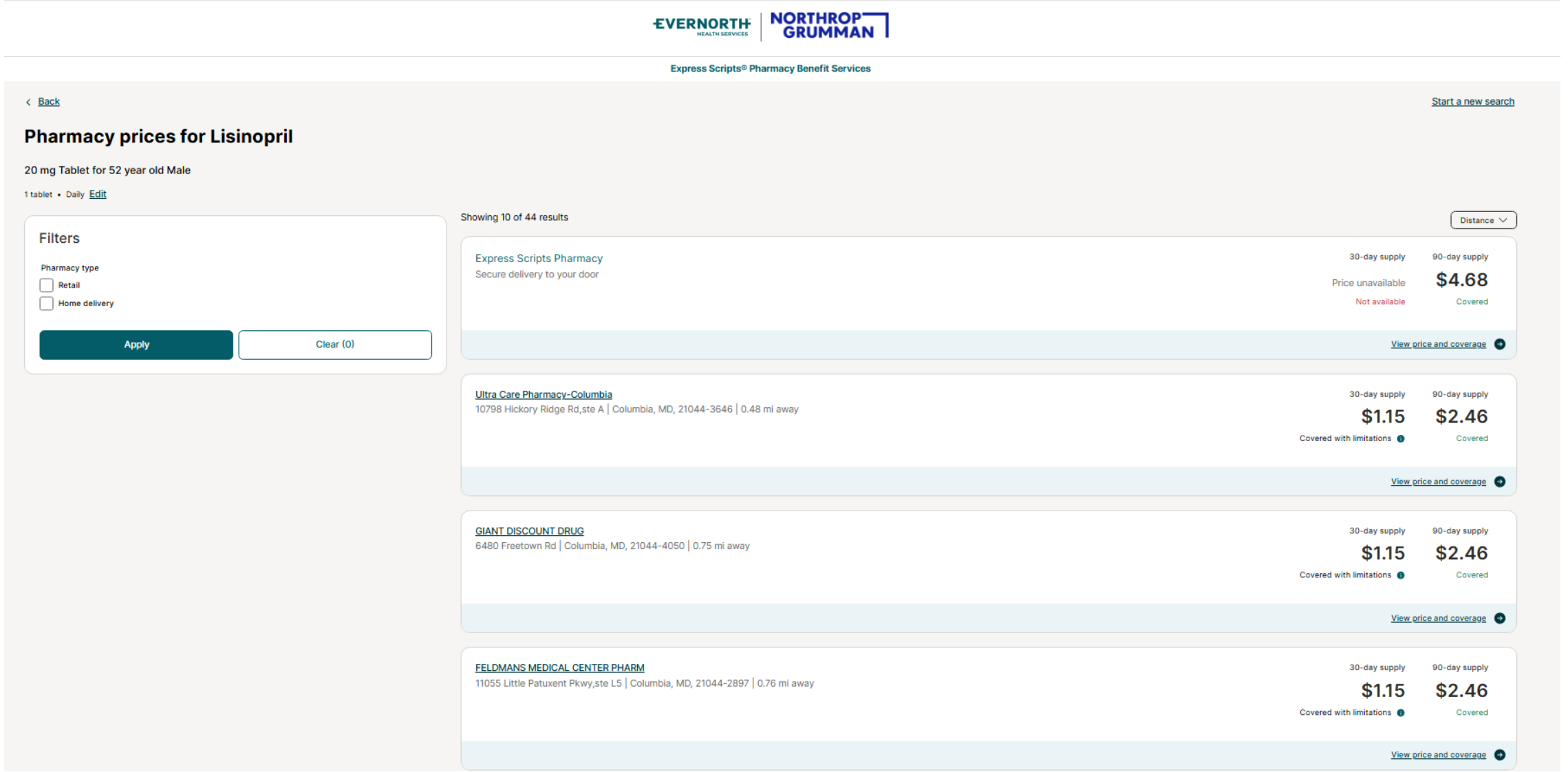
Navigating the Microsite - Reviewing the Plan Details and Coverage



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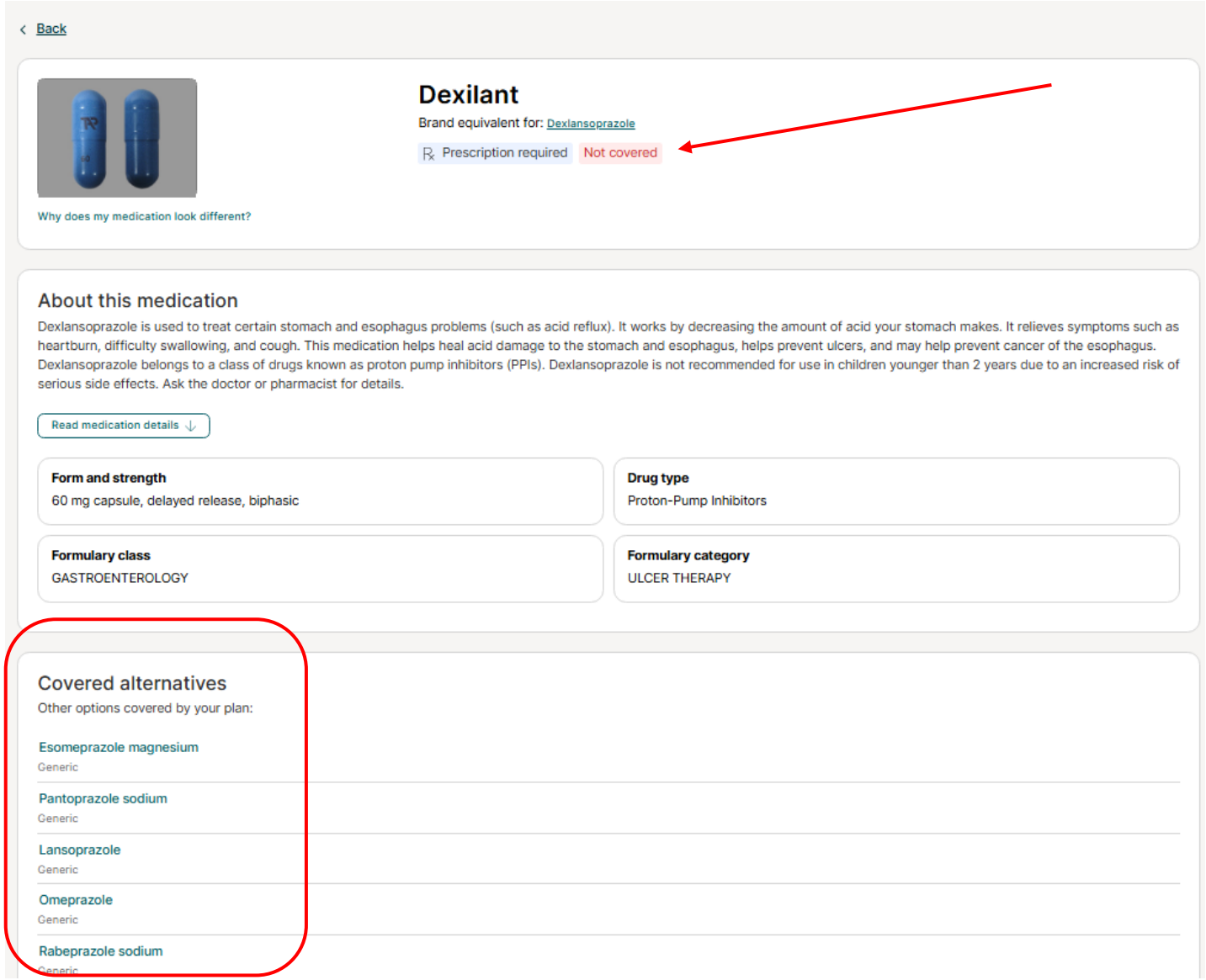
Navigating the Microsite – Compare medication prices



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Navigating the Microsite – Find Covered Alternatives



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Your pharmacy benefit, available online

Use the Express Scripts website and mobile app to manage common pharmacy tasks.

Check cost and coverage

Price a medication and view available coverage information.

Manage prescriptions

Review prescription and claims history, coverage reviews and annual costs.

Use home delivery

Order refills and track shipments online.

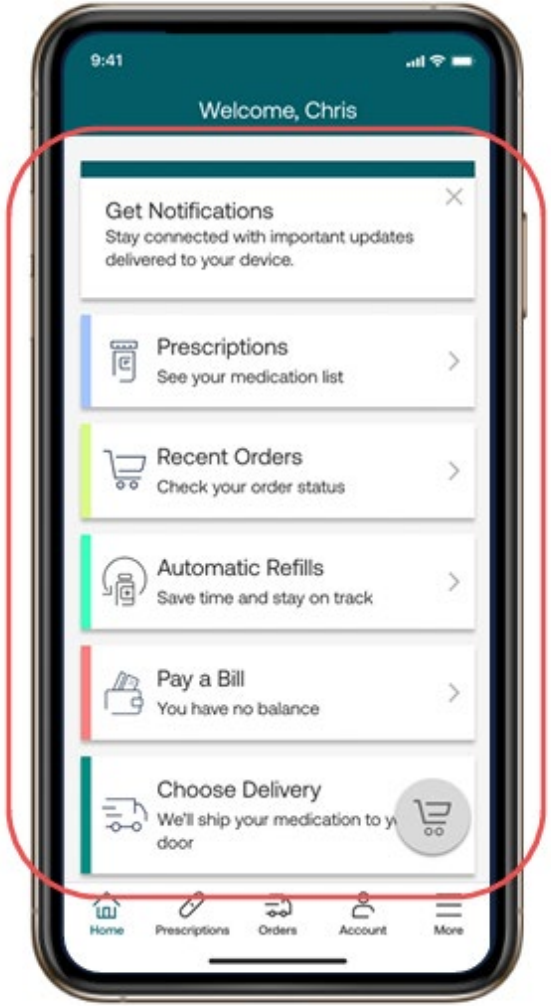
Keep your ID handy

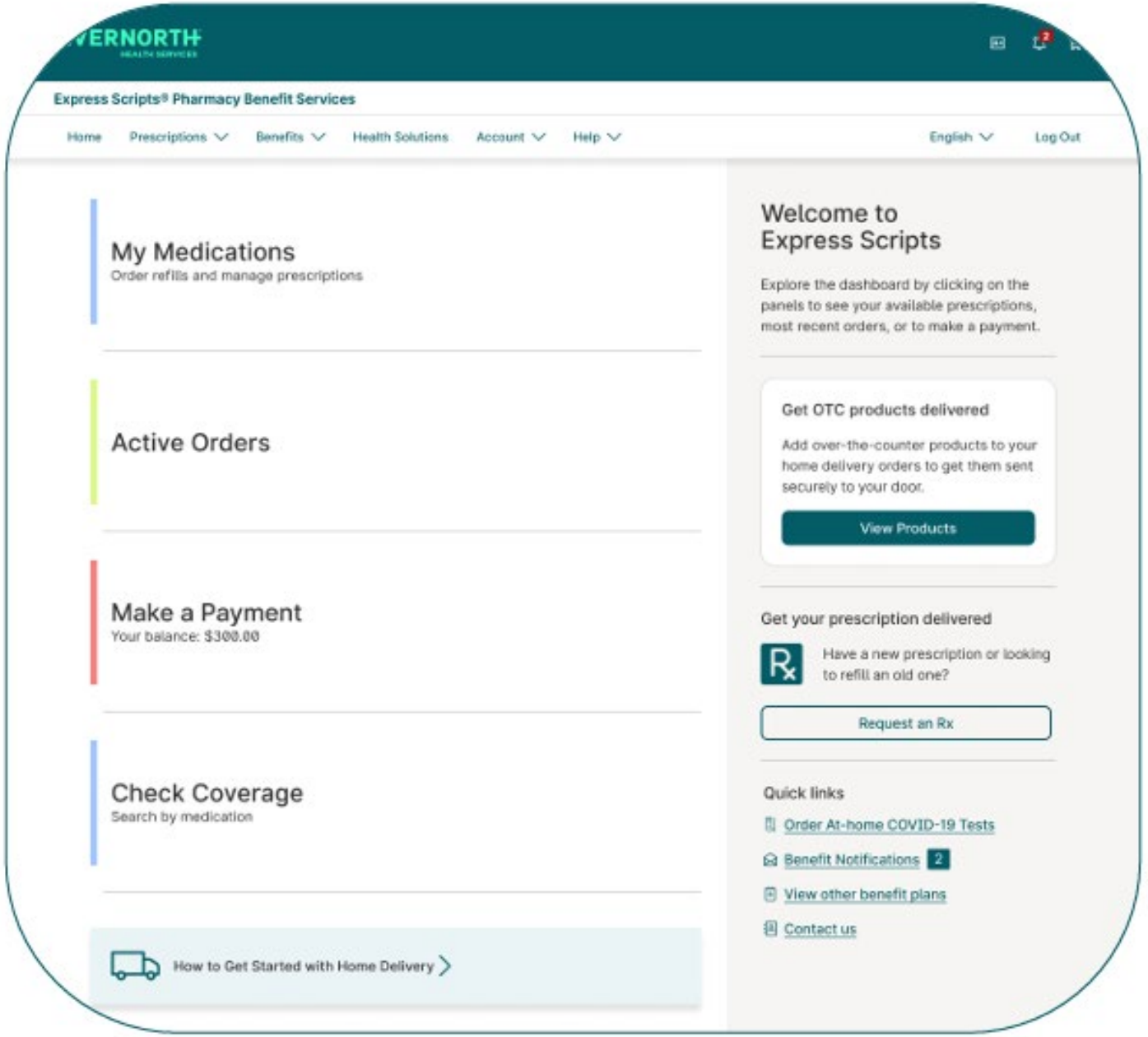
Download a digital prescription ID card to your phone.

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Mobile App - Member Dashboard





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What to expect in December and January

A few simple steps will help you start using your 2027 pharmacy benefit.

DECEMBER

Welcome kit and ID card
Formulary Notifications
Accredo Specialty outreach

Watch your mail. The initial kit includes a welcome letter and prescription ID card.

JAN. 1, 2027

Coverage begins

Use your Express Scripts ID information and review coverage and pharmacy options before your next fill.

January 2027 and beyond

Digital Engagement

Register online, download the app, save the digital ID card and review payment information for home delivery.

Best first steps: register • download the app • save your ID card • check medications and pharmacies

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COUPE

The simplified health plan design that puts you in control.

NORTHROP GRUMMAN

Coupe Health, LLC is an independent company that provides health plan design services.

2027 medical coverage options

Four Anthem medical plans — including the new Anthem Coupe Copay Plan

Annual in-network benefits

	Plan 1 High Premium/Low deductible	**Plan 2** Medium Premium/deductible	**Plan 3** Low Premium/High **deductible**	**Anthem Coupe Copay**
Deductible (varies by enrollment tier)	You: $1,000 Spouse/child: $1,500 Family: $2,000	You: $1,750 Spouse/child: $3,500 Family: $3,500	You: $3,500 Spouse/child: $5,250 Family: $6,750	**No deductible (all tiers)**
Out-of-pocket max (by enrollment tier)	You: $2,000 Spouse/child: $3,000 Family: $4,000	You: $4,000 Spouse/child: $6,000 Family: $8,000	You: $6,500 Spouse/child: $9,750 Family: $13,000	**You: $4,500** **Spouse/child: $9,000** **Family: $9,000**
Preventive care	100% covered	100% covered	100% covered	**100% covered**
Other medical care	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	**Copays vary by provider & service**
HSA eligible	No	Yes	Yes	**No**

Source: Northrop Grumman Total Rewards (2027). You = employee only; spouse/child = employee + spouse or child(ren); family = employee + family.

Understanding medical plan structures

How deductible options compare with the new Anthem Coupe Copay Plan

Feature	Deductible options	New | Coupe Copay
How it works	Pay negotiated costs for non-preventive care until the deductible is met; then share costs through coinsurance.	Pay a predetermined copay for covered services. No deductible or coinsurance.
What you pay	Deductible → coinsurance: full negotiated cost first, then a percentage of covered costs.	Copay: a set amount for each covered service, such as office visits, specialists or urgent care.
Can costs vary?	Yes. Depends on negotiated service cost and progress toward your deductible.	Yes. Copays vary by service and provider, but the applicable cost is known before care.
Preventive care	100% covered; not subject to the deductible.	100% covered.
Out-of-pocket maximum	Yes. Caps covered in-network member cost sharing during the plan year.	Yes. Caps covered in-network member cost sharing during the plan year.

Coupe takeaway • No deductible or coinsurance; service- and provider-based copays help make costs more predictable.

Benefits available across all four plans

All four medical plans including Coupe copay plan, participate in the wellbeing incentive

Complete an annual physical or eligible cancer screening, or Quest biometric screening and health wellness assessment. The award for Anthem Coupe plan members is paid in your paycheck and is taxable income.

Additional services accessible through each plan

Progyny

Fertility and family-building support

Vida

Virtual health coaching and care

Sword Virtual PT

Virtual physical therapy

Sword Pelvic Health

Pelvic health support

LiveHealth Online

Medical Care • Dermatology

Mental Health

Program eligibility, covered services and cost-sharing may vary; review plan and program details.

Coupe Health- Effective starting Jan. 1, 2027

Coupe rates doctors Preferred, Standard, or Non-Preferred so you can easily find the highest quality care at the lowest cost.

With Coupe, doctors are rated based on the following factors:

Quality	Appropriateness	Cost-efficiency
Providers recognized for their best-in-class training, certifications, and commitment to delivering excellent care outcomes	Providers who deliver the appropriate level of care, eliminating unnecessary or wasteful care	Providers who deliver the best results for their patients in a cost-efficient manner
Better results and safer care	No unnecessary tests or treatments	Lower costs without sacrificing care

How Coupe works

Go green and save with Coupe. You always have a choice: Preferred, Standard, and Non-Preferred ratings help guide decisions, not limit access.

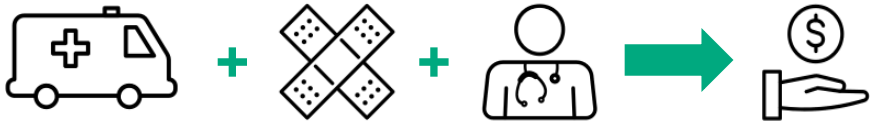
	Features:	What it means:
Preferred Providers	*Higher-value care than peers*	*Member pays the lowest in-network copays* $
Standard Providers	*Average performance vs. peers, or no rating data yet*	*Member pays mid-range in-network copays* $$
Non-Preferred Providers	*Lower-value care than peers*	*Member pays the highest in-network copays* $$$



Simplified copays thru bundling

Eligible services from an office visit, outpatient procedure, or hospital stay are bundled into **one copay*** to simplify members' healthcare expenses.

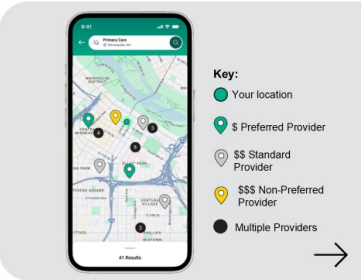
Services that don't qualify for bundling are charged separate copays.



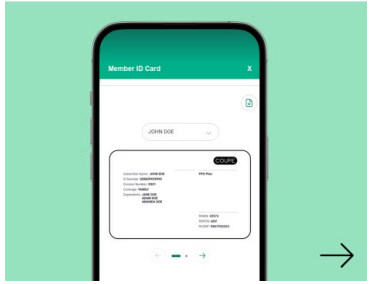
*For a service to qualify for bundling, appropriate provider information must be included on the claim.

Seeing a provider with Coupe

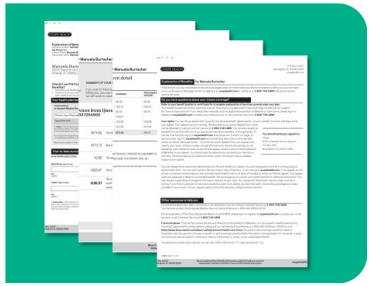
If you need to see a provider



1. Select a provider based on their rating.



2. Present your member ID card to the provider.



3. Get EOBs from your plan & bills from your provider.

What happens if I have a herniated disc?

Back pain after helping her daughter move; tingling down her leg → Schedules a visit with her primary care provider → Doctor finds a herniated disc; recommends PT and a chiropractor → PT and chiro visits strengthen her back and restore movement → Pain goes away; she keeps up exercises at home

Service	Visits	Copay	Total
PCP office visit	1	$15	$15
Specialist visit	1	$25	$25
Outpatient therapy (PT)	6	$25	$150
Chiropractic	5	$25	$125
Total costs	**13**		**$315**

Maria's visits ran from 6/1/26 to 8/4/26.

*This is not a real member, and the scenario is intended as an example only.

Coupe Portal & App + Health Valets at your service

Coupe Member Portal

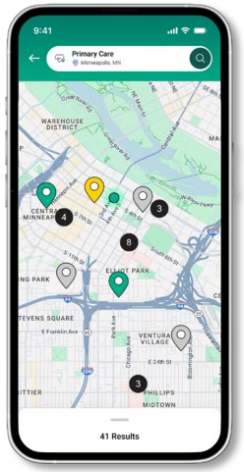
The member portal allows you to:

- Search for high-quality care
- Compare copay costs
- Track out-of-pocket progress
- Connect with a Health Valet
- View your member ID card
- Find virtual care

Health Valet Support

Healthcare experts who go the extra mile for you.

- Help find high-quality providers
- Respond to insurance questions
- Resolve billing issues with providers
- Answer Annual Enrollment Questions



Learn More

https://member.coupehealth.com/enrollment?accessCode=northropgrumman

Helpful Resources

Total Rewards Gateway:
Northrop Grumman Total Rewards

2027 Annual Enrollment page:
2027 Annual Enrollment | Northrop Grumman Total Rewards

Healthcare Navigation:
Quantum Health
Support: 800-894-4194, option 1

Fidelity Decision Support Tool:

An interactive tool to help you choose an Anthem medical plan option that best meets your needs.

Available during enrollment on NetBenefits.

New Dental Benefits: **MetLife**
NG – MetLife Microsite
Support: 855-488-0521

New Pharmacy Benefits: **Express Scripts**
NG – Express Scripts Microsite
Support: 877-814-9208

New Medical Plan Option:
Anthem Coupe Copay Plan
NG – Coupe Microsite
Support: 1-844-870-0616

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