



## Employee Benefits

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### Thanks, Lisa. Your choices have been saved.

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You have completed your **Annual Enrollment**. The time between when you enroll in coverage and when your carrier is notified may vary based on your benefit choices and the time of year you're enrolling.

**You can make changes to your elections through November 16, 2018.**

**Confirmation number: 183201714428056W (saved on November 16, 2018 at 5:14 PM, ET)**

A confirmation of your benefits enrollment will be sent to your e-mail address on file. You will also receive a Confirmation Statement in the mail reflecting your elections made during Annual Enrollment. Please review this statement to confirm your coverages are correct. You may request an additional Confirmation Statement by calling the Northrop Grumman Benefits Center at 1-800-894-4194.

#### Print Your Confirmation of Enrollment Card

You may be able to use it if you don't have a permanent card.

#### Visit Castlight Today!

Castlight can help you make informed health care decisions for you and your family. This health services and cost comparison tool is for employees and covered dependents currently enrolled in the Premium, Premium Plus, Value or Value Plus Plan.

#### Review Your Beneficiaries

Make sure all your beneficiary designations are current and that their information is up to date.

#### Review Your Savings Strategy

Now's a great time to make sure you're taking full advantage of your retirement plan.

These are the benefits for Lisa Scholl.

#### Tell Us About Yourself

##### Review important information that may impact your benefits

Mobile Health Consumer Registration Status : No, I am not registered with Mobile Health Consumer at this time.

#### Your Health Benefits

Medical: **Kaiser of Southern CA** (You + Spouse/Domestic Partner)

Effective Date: June 24, 2017 | Covering: Lisa Scholl, Robert C. Mayhew II

**\$265.85**

Bi-Weekly, Before Tax

Annual Physical Incentive: **Incentive Eligibility Period**

Effective Date: January 1, 2019

**\$0.00**

Bi-Weekly Cost

Dental: **Dental Care** (You + Spouse/Domestic Partner)

Effective Date: June 24, 2017 | Covering: Lisa Scholl, Robert C. Mayhew II

**\$12.46**

Bi-Weekly, Before Tax

Vision: **Vision Care Plus** (You Only)

Effective Date: January 1, 2017 | Covering: Lisa Scholl

**\$7.31**

Bi-Weekly, Before Tax

## Your Health-Related Accounts

Health Savings Account: **No Coverage - HSA**

Effective Date: September 13, 2016

**\$0.00**

Bi-Weekly Cost

Health Care FSA: **No Coverage - Health Care FSA**

Effective Date: January 1, 2019

**\$0.00**

Bi-Weekly Cost

## Your Other Reimbursement Accounts

Dependent Care FSA: **No Coverage - Dep Day Care FSA**

Effective Date: January 1, 2019

**\$0.00**

Bi-Weekly Cost

## Your Insurance Benefits

Employee Basic Life: **Basic Life 1 x Annual Base Pay** (Amount: \$68,000.00)

Effective Date: May 26, 2018 | Company Paid

Employee Optional Life: **No Coverage - EE Optional Life**

Effective Date: August 8, 2016

**\$0.00**

Bi-Weekly Cost

Spouse Optional Life: **No Coverage - Spouse Opt Life**

Effective Date: August 8, 2016

**\$0.00**

Bi-Weekly Cost

Child Optional Life: **No Coverage-Child Optional Life**

Effective Date: August 8, 2016

**\$0.00**

Bi-Weekly Cost

Basic AD&D Insurance: **Basic AD&D 1 x Annual Base Pay** (Amount: \$68,000.00)

Effective Date: May 26, 2018 | Company Paid

Optional AD&D Insurance: **No Coverage - Optional AD&D**

Effective Date: August 8, 2016

**\$0.00**

Bi-Weekly Cost

## Your Disability Benefits

NGC Short-Term Disability: **NGC STD Plan**

Effective Date: January 1, 2019 | Company Paid

Long-Term Disability: **50% of Base Pay**

## Your Other Benefits

### Group Legal Plan: **No Coverage - Group Legal**

Effective Date: August 8, 2016

**\$0.00**  
Bi-Weekly Cost

### Employee Assistance Program: **EAP**

Effective Date: August 8, 2016 | Company Paid

Before Tax:	<b>\$285.62</b>
After Tax:	<b>\$0.00</b>
<b>Your Total Bi-Weekly Cost:</b>	<b>\$285.62</b>

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## Dependents

Our records show the eligible dependents listed below. Please be advised that this statement is not a guarantee of coverage. Eligibility for dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the definition of "eligible dependent" under the Plan. For a definition of "eligible dependent" under the Plan(s) available to you, see your Summary Plan Description(s).

It is your responsibility to provide accurate and up-to-date dependent information. Providing false information about your dependents could result in loss of elected benefit(s) or in a disciplinary action. It is very important that your dependent's Social Security number(s), as well as other information, is accurate and up-to-date.

If you need to correct a dependent's first name, middle initial, last name, or address or if any of your eligible dependents do not maintain the same primary address as you, go to the [Health & Insurance page](#) and begin the enrollment process to correct the information.

Name	Relationship	Date of Birth	SSN
Robert C. Mayhew II	Spouse	07/19/1994	*****3753

## Primary Care Provider (PCP) Information

Please confirm the accuracy of the information about your selected PCP(s). If you are enrolling in the plan for the first time, a PCP is required for you and each dependent you wish to cover under the plan. If you are adding a dependent to a plan in which you are already enrolled, PCP entry is allowed for the added dependent(s) only. Ongoing selection and update of PCPs must be done through your insurance carrier. Provider Name is required. Some plans also require Provider ID. Please check with your carrier to find out if you need to enter Provider ID. You may only enter PCPs when enrolling in the plan for the first time. If you are re-joining the plan you must contact your insurance carrier to select or update PCPs. You may save your enrollment elections without entering PCPs. You may enter PCPs now, or save your enrollment and return to NetBenefits at any time (within your enrollment period) to enter your PCP selection(s). Once the enrollment period is closed, you will not be able to select or view your PCP selections via NetBenefits. You must then contact your insurance carrier to select and update your PCPs. Please note that depending on your insurance carrier's rules, failure to complete provider selections may result in an assignment of either a default provider or no provider at all. Please contact your insurance carrier for a list of approved PCPs in your area or for any additional information.

Name	Provider Type	Provider ID	Provider Name
Lisa F. Scholl	Medical		Kaiser of Southern California
Robert C. Mayhew II	Medical		Kaiser of Southern California

## Dependent Information

Our records show dependents listed on the Review Your Dependent Information page. Please be advised that the inclusion of your dependents in this section is not a guarantee of coverage. Entitlement to dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the definition of "eligible dependent" under the plan. For a definition of "eligible dependent" under the plan(s) available to you, see your Summary Plan Description(s).

It is your responsibility to provide accurate, complete, and up-to-date information about your dependents. Providing false information could result in loss of elected benefits or disciplinary action. Enrolling a person who does not meet the eligibility requirements, failing to notify Northrop Grumman immediately if a person ceases to meet the eligibility requirements, or refusing or failing to provide required proof of eligibility constitutes fraud or an intentional misrepresentation of material fact and is prohibited by the Plan.

It is important that your dependents' Social Security numbers as well as other information is accurate and up to date.

You will have an opportunity to update information for your dependents during your enrollment process. If information for your dependents changes during the year, contact the Northrop Grumman Benefits Center at 1-800-894-4194 immediately.

## Client Information

The information presented in this document or on NetBenefits® is not intended to be construed to create a contract between Northrop Grumman and any one of Northrop Grumman's employees or former employees.

In the event that the content of this document, this website, or any oral representations made by any person regarding the plan(s) conflict with or are inconsistent with the provisions of the Plan Document(s), the provisions of the Plan Document are controlling.

Northrop Grumman reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies, or programs, in whole or in part, including any level or form of coverage by appropriate company action, at any time without your consent or concurrence.

#### **Making Changes during the Year**

Generally, you cannot change your pre-tax benefit elections during the plan year unless you experience a qualified life event. A qualified life event is defined in your Summary Plan Description.

#### **Payroll/HR Deductions**

If you are receiving a paycheck, Northrop Grumman will deduct from each paycheck the amount necessary for your contributions for your Health and Insurance coverage.

#### **Important Flexible Spending Account Information**

It is your responsibility to ensure that your Health Care and/or Dependent Day Care FSA contribution elections are consistent with your expected plan year eligible expenses as defined under the plan. Any contributions in your dependent day care account that you do not use by the end of the plan year are subject to forfeiture. Up to \$500 in unused Health Care FSA funds may be eligible for carryover to the next plan year. Any unused funds in excess of \$500 are forfeited.

#### **Evidence of Insurability**

Evidence of Insurability may be required for certain levels of optional life insurance and optional LTD. This means that you may need to provide proof of good health to the insurer at the time you enroll to be approved for coverage.

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