

LEIDOS Benefits Summary Plan Description

Comparing the Healthy Focus Medical Plans

The chart below provides some basic plan information about the Leidos self-insured plans.

	Healthy Focus Advantage Plan		Healthy Focus Essential Plan	
	NETWORK	OUT-OF-NETWORK	NETWORK	OUT-OF-NETWORK
Annual Deductible - - Employee Only - Family	\$1,350 \$2,700	\$1,350 \$2,700	\$2,000 \$4,000	\$2,000 \$4,000
Annual Out-Of-Pocket (OOP) Maximum (includes deductible) - Employee Only - Family Embedded OOP	\$3,000 \$6,000 N/A	\$3,000 \$6,000 N/A	\$5,000 \$10,000 \$7,900 Individual within Family	\$5,000 \$10,000 \$7,900 Individual within Family
Office Visits – Preventive Care	Covered at 100% (no deductible)	You pay 50% after deductible	Covered at 100% (no deductible)	You pay 50% after deductible
Office Visits – Non-preventive	You pay 20% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible
Emergency Room	You pay 20% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible
Hospital Admission	You pay 20% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible
Periodic Health Assessments (Preventive Care)	Covered at 100%; one exam every calendar year	You pay 50% after deductible; one exam every calendar year	Covered at 100%; one exam every calendar year	You pay 50% after deductible; one exam every calendar year
Well-Child Care (Preventive Care)	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible
Lab and X-Ray	You pay 20% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible	You pay 35% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible

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Lab and X-Ray	You pay 20% after deductible for non-routine lab & x-ray	You pay 50% after deductible	You pay 35% after deductible for non-routine lab	You pay 50% after deductible
Outpatient Surgery	You pay 20% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible
Routine Mammograms	Covered at 100%; Age 40 and over: maximum one per calendar year	You pay 50% after deductible; Age 40 and over: maximum one per calendar year	Covered at 100%. Age 40 and over: maximum one per calendar year	You pay 50% after deductible; Age 40 and over: maximum one per calendar year
Routine Pap Smears	Covered at 100%; maximum one per calendar year	You pay 50% after deductible; maximum one per calendar year	Covered at 100%; maximum one per calendar year	You pay 50% after deductible; maximum one per calendar year
PSA/DRE Over age 40	Covered at 100%; over age 40: max 1 visit per year	You pay 50% after deductible	Covered at 100%; over age 40: max 1 visit per year	You pay 50% after deductible
Skilled Nursing Facility	You pay 20% after deductible for up to 60 days per confinement	You pay 50% after deductible for up to 60 days per confinement	You pay 35% after deductible for up to 60 days per confinement	You pay 50% after deductible for up to 60 days per confinement
Home Health Care (maximum visits combined with skilled nursing care and private duty nursing)	You pay 20% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 35% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit
Private Duty Nursing (maximum visits combined with Home Health Care benefit)	You pay 20% after deductible for up to 100 visits per year, up to 8 hours = 1 visit	Not covered	You pay 35% after deductible for up to 100 visits per year, up to 8 hours = 1 visit	Not covered
Hospice Care (up to 30 days per lifetime for inpatient and \$10,000 per lifetime)	You pay 20% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible
Outpatient Rehabilitation – Physical and Speech (as medically necessary)	You pay 20% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible

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Durable Medical Equipment	You pay 20% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible
Mental Health and Substance Abuse – Outpatient)***	You pay 20% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible
Mental Health and Substance Abuse – Inpatient***	You pay 20% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible
Most Other Services	You pay 20% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible
Retail & Mail Order Prescriptions	After Deductible	Not Covered	After Deductible	Not Covered
Generic:	You pay \$5		You pay \$5	
Brand Formulary:	You pay 30%		You pay 30%	
Brand non-formulary:	You pay 50%		You pay 50%	