

## 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 Basic Plan		Healthy Focus Essential Plan		Healthy Focus Advantage Plan		Healthy Focus Premier Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
<b>Annual Deductible</b>								
• Employee Only	\$4,000	\$8,000	\$2,000	\$4,000	\$1,400	\$2,800	\$1,400	\$2,800
• Family	\$8,000	\$16,000	\$4,000	\$8,000	\$2,800	\$5,600	\$2,800	\$5,600
<b>Annual Out-of-Pocket (OOP) Maximum (includes deductible)</b>								
• Employee Only	\$6,750	\$13,000	\$5,000	\$10,000	\$3,000	\$6,000	\$1,400	\$2,800
• Family	\$13,500	\$27,000	\$10,000	\$20,000	\$6,000	\$12,000	\$2,800	\$5,600
• Embedded OOP	\$8,550 individual within family	N/A	\$8,550 individual within family	N/A	N/A	N/A	N/A	N/A
<b>Office Visits – Preventive Care</b>	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	Covered at 100% after deductible
<b>Office Visits – Non-Preventive Care</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
<b>Office Visits – Well-Child Preventive Care</b>	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	Covered at 100% after deductible

	Healthy Focus Basic Plan		Healthy Focus Essential Plan		Healthy Focus Advantage Plan		Healthy Focus Premier Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
<b>Emergency Room</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible ***	You pay 35% after deductible ***	You pay 20% after deductible ***	You pay 20% after deductible ***	You pay 0% after deductible	You pay 0% after deductible
<b>Hospital Admission</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
<b>Lab and X-ray</b>	You pay 50% 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	You pay 20% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible	You pay 0% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 0% after deductible
<b>Outpatient Surgery</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
<b>Routine Mammograms (Over age 40)</b>	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	Covered at 100% after deductible
<b>Prostate Screening (Over age 40)</b>	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	Covered at 100% after deductible
<b>Skilled Nursing Facility</b>	You pay 50% 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	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 0% after deductible for up to 60 days per confinement	You pay 0% after deductible for up to 60 days per confinement
<b>Home Health Care (maximum visits combined with Private Duty Nursing)</b>	You pay 50% 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	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 0% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 0% after deductible for up to 100 visits per year, up to 4 hours = 1 visit

	Healthy Focus Basic Plan		Healthy Focus Essential Plan		Healthy Focus Advantage Plan		Healthy Focus Premier Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
<b>Home Health Care</b> (maximum visits combined with Private Duty Nursing)	You pay 50% 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	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 0% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 0% after deductible for up to 100 visits per year, up to 4 hours = 1 visit
<b>Private Duty Nursing</b> (maximum visits combined with Home Health Care)	You pay 50% 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	You pay 20% after deductible for up to 100 visits per year, up to 8 hours = 1 visit	Not covered	You pay 0% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	Not Covered
<b>Hospice Care</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
<b>Outpatient Rehabilitation – Physical and Speech Therapy</b> (as medically necessary)	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
<b>Durable Medical Equipment</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
<b>Hearing Aid Exam</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
<b>Hearing Aids</b>	You pay 50% after deductible  \$2,500 max every 3 years	You pay 50% after deductible  \$2,500 max every 3 years	You pay 35% after deductible  \$2,500 max every 3 years	You pay 35% after deductible  \$2,500 max every 3 years	You pay 20% after deductible  \$2,500 max every 3 years	You pay 20% after deductible  \$2,500 max every 3 years	You pay 20% after deductible  \$2,500 max every 3 years	You pay 20% after deductible  \$2,500 max every 3 years
<b>Mental Health &amp; Substance Abuse – Outpatient</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible



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	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
<b>Mental Health and Substance Abuse – Inpatient</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
<b>Autism Spectrum Disorder Treatment</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
<b>Applied Behavioral Analysis</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible

\*Covered services received from a network provider will be paid based on the negotiated rate.

\*\* Covered services received from an out-of-network provider will be paid based on the reasonable and customary (R&C) limit.

\*\*\* For non-emergent use of the emergency room, employee pays 50% after deductible.