

DYNETICS, A LEIDOS COMPANY
2024 Plan Year Benefit Summary

| | |
|------------------------|-------------------------------------|
| PLAN NAME | Healthy Focus Advantage Plan |
| PRODUCT NAME | HDHP HF Advantage Plan |
| PLAN STATES | All 50 States |
| CUSTOMER SERVICE PHONE | 1-833-549-1179 |
| WEB ADDRESS | www.anthem.com |

| Benefit | In Network - Employee Pays | Out of Network*** - Employee Pays |
|--|--|---|
| HSA* | Employer contribution for employee only: \$500 if salary is \$85,000 or less; \$250 if salary is between \$85,001 and \$150,000 Employer contribution for family: \$1,000 if salary is \$85,000 or less; \$500 if salary is between \$85,001 and \$150,000 \$0 employer contribution if salary greater than \$150,000 Employees may elect to contribute additional funds up to annual maximum | |
| HEALTHCARE FSA | Only eligible for limited purpose FSA | |
| ANNUAL DEDUCTIBLE** | \$1,600 Individual \$3,200 Family** | \$3,200 Individual \$6,400 Family** |
| (Integrated Deductible & OPM) | \$3,200 Individual w/in Family deductible Not combined with Out of Network | \$6,400 Individual w/in Family deductible Not combined with In Network |
| ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDING DEDUCTIBLE) (Integrated Deductible & OPM) | \$3,400 Individual \$6,800 Family \$6,800 Individual w/in Family Plan pays 100% of eligible expenses after this amount has been satisfied. Not combined with Out of Network | \$6,800 Individual \$13,600 Family \$13,600 Individual w/in Family Plan pays 100% of eligible expenses after this amount has been satisfied. Not combined with In Network |
| LIFETIME MAXIMUM BENEFIT | Unlimited | |
| OFFICE VISITS | 20% after deductible | 50% after deductible |
| LAB X-RAY DIAGNOSTICS | 20% after deductible | 50% after deductible |
| PREVENTIVE CARE | Adult routine care: covered at 100% (not subject to deductible); limit 1 per calendar year. Coverage for enhanced women's health benefits at 100%. Contact plan for specifics. | Adult routine care: covered at 50% after deductible; limit 1 per calendar year. Contact plan for specifics. |
| HOSPITAL CARE | | |
| Inpatient | 20% after deductible | 50% after deductible |
| Outpatient | 20% after deductible | 50% after deductible |
| EMERGENCY CARE | | |
| In-area | 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible | 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible |
| Out-of-area | 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible | 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible |
| PRESCRIPTIONS | | |
| Retail | After deductible, \$5 generics, 30% brand and 50% non-formulary brand. Certain preventive drugs not subject to deductible.**** | Not covered |
| Mail-Order | After deductible, \$5 generics, 30% brand and 50% non-formulary brand. Certain preventive drugs not subject to deductible.**** | Not covered |
| MENTAL HEALTH | | |
| Inpatient | 20% after deductible | 50% after deductible |
| Outpatient | 20% after deductible | 50% after deductible |
| SUBSTANCE ABUSE | | |
| Inpatient Detox and Rehab | 20% after deductible | 50% after deductible |
| Outpatient | 20% after deductible | 50% after deductible |
| CHIROPRACTIC | 20% after deductible Covered if medically necessary | 50% after deductible if medically necessary |
| DURABLE MEDICAL EQUIPMENT | 20% after deductible | 50% after deductible |
| HEARING AIDS | 20% after deductible \$2,500 per pair every three years | 20% after deductible \$2,500 per pair every three years |
| VISION EXAMS | Not covered | Not covered |
| EYEWEAR | Not covered | Not covered |

*APO/FPO addresses are not eligible for HSA plan set-up. A physical U.S. address must be provided.

** The family deductible is an aggregate deductible where you must satisfy entire deductible before the plan pays benefits for any member

*** Out-of-Network benefits based on Usual, Reasonable, and Customary (URC) charges for the specific service in that geographic region.

**** Prescription Drugs are administered by Express Scripts (ESI)

Information contained in the summary is designed for general reference only. If there is any conflict between this benefit summary and the plan document/certificate, the plan document/certificate governs.