



2025 BENEFITS OPEN ENROLLMENT GUIDE

Benefits for your health and well-being

In this Guide



The information contained within these pages may be proprietary to Leidos and is principally intended for employees of Leidos and its subsidiaries only. The benefits described apply to U.S. benefits-eligible employees. This benefits information is not applicable to employees of Leidos Biomedical Research, Inc. or Leidos QTC Health Services. Union-represented employees are covered by the terms of their collective bargaining agreements.

For additional information, visit the Benefits Summary Plan Description website at <https://benefits.leidos.com>.

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EXPLORE

ENGAGE

ENROLL

Explore. Engage. Enroll.

EXPLORE. Use this Guide to Help You Get Started

You can use this guide and other resources available to you on the [2025 Open Enrollment page](#) on Prism and the Benefits Summary Plan Description website at benefits.leidos.com for decision-making support.

ENGAGE.**Ask ALEX for Benefits Help**

ALEX is a virtual benefits counselor that explains your benefit options and helps you choose the plan that's best for you and your family.

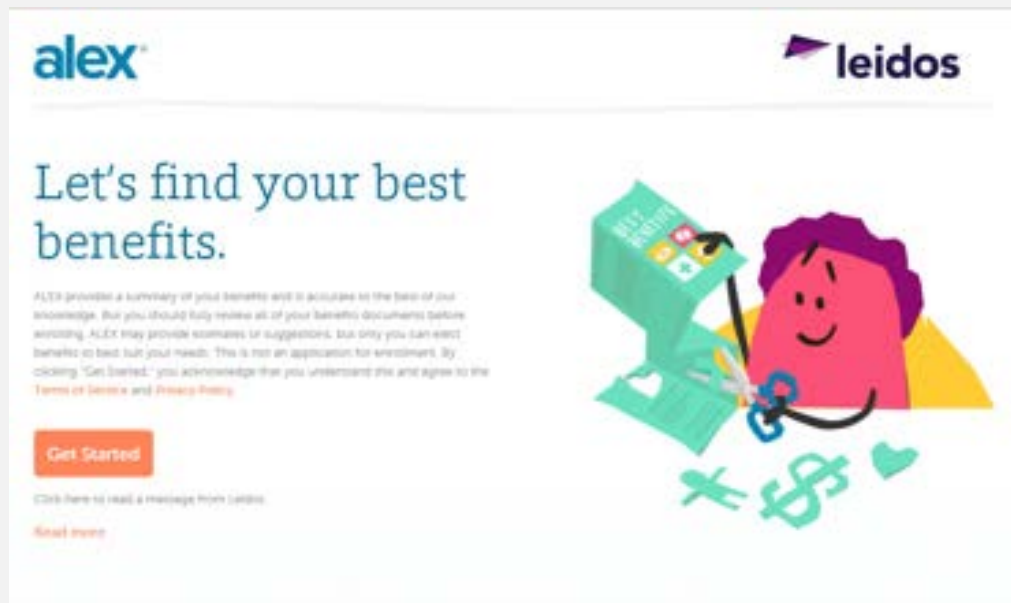
ALEX prompts you for some basic information about your personal situation, asks a few questions about how you anticipate using your healthcare (your answers remain anonymous, of course), and helps you figure out what to choose based on your responses.

Before you make your benefit elections in Workday, be sure to spend a few minutes with ALEX at www.myalex.com/leidos/2025 to make sure you're enrolling in a plan that's right for you and your family.

NEW for 2025 - ALEX Medicare

ALEX Medicare is a guided journey that helps you and your loved ones navigate and understand their Medicare options. ALEX Medicare is fully equipped with a video, text, and visual content library where you can "pick your path" on the content you want to learn about. ALEX Medicare asks you important questions to personalize your experience with content that makes the most sense to you and your health journey. Let ALEX walk you through all the ins and outs of Medicare, including what you are eligible for, how much it will cost, and how to enroll. Talk to ALEX Medicare at <https://medicare.myalex.com/leidos>.

Disclaimer: ALEX provides a recommendation based on information that you provide and medical costs based on national averages. The personal information is limited, and the estimated medical costs may not reflect the actual cost of health services in your area. This tool is not meant to calculate the actual medical expenses to be incurred by you and any dependents in 2025. ALEX simply provides another data point which may aid you in choosing a plan that meets your needs and that of your enrolled dependents.



If You Have Questions Prism Rates Tool

Contact Employee Services for help with enrolling or benefit-related questions: 855-553-4367, option 3 or email: AskHR@leidos.com.

Changing Your Benefits During the Year

IRS regulations require that, once enrolled, you may not change your benefit elections until the next Open Enrollment period – unless you experience a qualified life event. Experiencing a qualified life event allows a participant to make some changes to coverage within 31 days of the event.

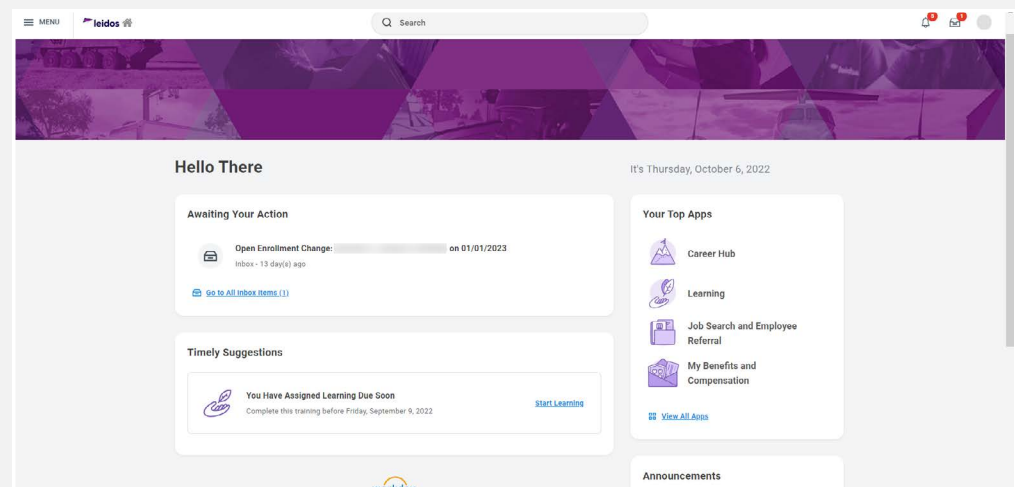
Benefit Premiums

By enrolling in Leidos-sponsored benefits, you understand and accept that your benefit elections may result in deductions from your paycheck. If you do not receive a paycheck for any reason (e.g., unpaid leave, FMLA, or other federally protected leave) or you receive a paycheck but there is insufficient funds available for payment of your benefit premiums for that period, any missed benefit premiums will be accrued in the payroll system for future deduction from your pay. Once you receive a paycheck with sufficient funds, the premium arrears will be deducted in addition to your usual biweekly or weekly benefit premiums. Please be advised that if premiums are in arrears for more than thirty (30) days, your coverage may be canceled at any time thereafter, retroactive to your last payment of premiums, unless prohibited by law.

Visit the rates tool on Prism to locate your benefit rates. When you access the Prism Benefit Rate Tool, enter your home state and zip code (as listed in Workday), and select “See Your Benefit Rates”.

ENROLL. Open Enrollment is Nov. 6 - Nov. 20

You can enroll in 2025 benefits beginning November 6 by accessing Workday through the link on Prism. (Note: You will need an activated token if accessing Prism remotely.) From Workday's homepage, locate and click the “Inbox” icon to find the Open Enrollment event and begin the enrollment process.



Important Note About Medical Coverage For Dependents - Leidos must report to the IRS the names and social security numbers of everyone covered by our company-sponsored medical plans. Therefore, if you are enrolling dependents in the medical plans, be sure to include their social security numbers.

If You Don't Enroll - If you do not enroll by Nov. 20, you may be defaulted to your current 2024 elections with the exception of HSA and FSA, the ID Theft Protection program, and any contribution to the Group Universal Life (GUL) insurance Cash Accumulation Fund (CAF), which do not roll over. **You will need to actively enroll in these benefits if you want them for next year, 2025.**

What's New or Changing for 2025

HERE ARE HIGHLIGHTS OF THE BENEFIT PROGRAM CHANGES FOR 2025

NEW VIRTUAL BENEFITS FORUM

Visit the Virtual Benefits Forum (<https://benefits.leidos.com/>) to learn about the Leidos benefit offerings and access important plan information.

MEDICAL

TOBACCO SURCHARGE

- ▶ Leidos will be discontinuing the Tobacco Surcharge for the 2025 Plan Year.

CLASSIC NETWORK MEDICAL PLAN

- ▶ The Classic Network Plan is available under **Aetna** (Select Open Access network) and **Anthem** (Bluecard PPO network). This plan provides **in-network only** coverage for a broad range of services, with many services covered on a copay basis, providing more predictable and manageable cost at the time of service. Refer to page 10 for more details.

HEALTHY FOCUS MEDICAL PLANS

- ▶ Increase to Annual Deductible for Healthy Focus Advantage and Healthy Focus Premier plans to meet Internal Revenue Service (IRS) requirements.

| In-Network Annual Deductible | Healthy Focus Advantage Plan | | Healthy Focus Premier Plan | |
|------------------------------|------------------------------|----------------|----------------------------|----------------|
| | 2024 Plan Year | 2025 Plan Year | 2024 Plan Year | 2025 Plan Year |
| Employee only Coverage | \$1,600 | \$1,800 | \$1,600 | \$1,800 |
| Family Coverage | \$3,200 | \$3,600 | \$3,200 | \$3,600 |

- ▶ Increase to Annual Out-of-Pocket (OOP) Maximum for Healthy Focus Advantage and Healthy Focus Premier plans.

| In-Network Annual Out-Of-Pocket (OOP) Maximum | Healthy Focus Advantage Plan | | Healthy Focus Premier Plan | |
|---|------------------------------|----------------|----------------------------|----------------|
| | 2024 Plan Year | 2025 Plan Year | 2024 Plan Year | 2025 Plan Year |
| Employee only Coverage | \$3,400 | \$3,600 | \$1,600 | \$1,800 |
| Family Coverage | \$6,800 | \$7,200 | \$3,200 | \$3,600 |

- ▶ **Healthy Focus Premier Plan:** Out-of-network member coinsurance will change to 50%.
- ▶ **Out-of-Network Reimbursement:** Payment basis for out-of-network claims will change to 150% of Medicare with the exception of:
 - Mental Health/Behavioral Health and Substance Use Disorder claims
 - Facility charges under Anthem

EXPRESS SCRIPTS (ESI)

- ▶ The Propeller Program available to those Healthy Focus members that have asthma or COPD will be sunset on December 31, 2024.

HEALTH SAVINGS ACCOUNT (HSA) / FLEXIBLE SPENDING ACCOUNTS (FSA)

NEW VENDOR PARTNER - HSA BANK

- ▶ Starting January 1, 2025, HSA Bank will administer the Health Savings Account (HSA), Healthcare Flexible Spending Account, Limited Purpose Flexible Spending Account (LPFSA), and Dependent Care Flexible Spending Account.

HSA Transition

- ▶ Employees that have an HSA with HealthEquity, will receive details on how to transfer existing HSA funds to HSA Bank in the coming weeks.

FSA Transition

- ▶ Any 2024 FSA claims that aren't processed by December 31, 2024, will need to be sent to HSA Bank. Details on the timing of your balance transfer to HSA Bank will be shared in the coming weeks.

HSA

- ▶ Increase to IRS HSA limits for 2025 - \$4,300 maximum for single coverage and \$8,550 maximum for family coverage.

FSA

- ▶ IRS Healthcare FSA limit for 2025 - \$3,200 annually.
- ▶ Healthcare FSA amount eligible for roll-over from 2025 into 2026 to \$640.

DISABILITY

LONG-TERM DISABILITY (LTD)

- ▶ The Evidence of Insurability (EOI) requirement is being removed. However, employees who did not enroll when first eligible will be subject to a stricter pre-existing condition limitation. Refer to page 46 for further details.

WELL-BEING

VIRGIN PULSE WELL-BEING PROGRAM

- ▶ In January, Virgin Pulse will be revealing a brand-new look and feel with a new name: **Personify Health**. Stay tuned for a sneak peek and more details on the exciting new update in the coming months.
 - What does this mean for you?
 - » Seamless transition: Your programs, account history and all the features you love will continue to be available—now with a vibrant new look and feel.
 - » Easy app update: You'll be prompted to update the app on January 1. Your username and password will stay the same.
 - » One web address: To sign in online, you'll use a new Personify Health web address starting January 1. Details will be forthcoming.
- ▶ For the 2025 Plan year, Leidos will increase the HSA and Pulse Cash rewards to \$500 annually. Refer to page 40 for the updated incentive chart by reward level.
- ▶ Starting in January 2025, Health Coaching services will be available to spouses/domestic partners that participate in the well-being program. Refer to page 39 for details on coaching.
 - To enroll your spouse or domestic partner in the well-being benefit, simply add him/her to the well-being benefit in Workday. You can add them during Open Enrollment or any time of the year.

BENEPLACE VOLUNTARY BENEFIT OFFERINGS

- ▶ Starting with 2025 Open Enrollment, most of the Voluntary Benefit offerings provided by Beneplace (i.e., Legal Plan, ID Theft Protection, and Genomic Life) will be available for enrollment through Workday. The Critical Illness, Auto/Home, and Pet Insurance offerings will continue to be available for enrollment via the [Beneplace enrollment site](#).
- ▶ **Identity Theft Protection** – Effective January 1, 2025, Leidos will transition to a new vendor partner for Identity Theft Protection – MetLife + Aura Identity and Fraud Protection.
 - Some of the enhancements with the new partner include, but are not limited to:
 - » Aura offers a more proactive approach with remedies at the onset of a breach versus a simple notification;
 - » Aura doesn't have any restrictions on adult family members that can be covered (up to 10 adults and unlimited minors);
 - » Aura offers 3 bureau child credit monitoring;
 - » Proprietary parental controls.
 - In addition, the premiums are lower than the current program – Employee only coverage is \$8.05 per month; Family coverage is \$13.25 per month.
 - Refer to page 53 for additional details.
- ▶ **MetLife Pet Insurance** – In August of this year, Leidos launched a second Pet Insurance option with MetLife. MetLife Pet knows your pets are part of your family. That's why they offer comprehensive coverage that can cover routine care and also unexpected accidents or illnesses. With MetLife, pet parents have the power of choice to customize your pet insurance to meet your needs. Refer to page 55 for additional details.

ADDITIONAL BENEFITS

NEW COMMUTER BENEFITS ADMINISTRATOR – HSA BANK

- ▶ Effective January 1, 2025, HSA Bank will administer the Commuter Benefits Program. Employees that currently elect Commuter Benefits will receive more details on the transition to HSA Bank in the coming months.

NEW DEPENDENT ELIGIBILITY VERIFICATION PARTNER – ALIGHT

- ▶ Alight will replace Budco as Leidos' Dependent Eligibility Verification (DEV) vendor and will verify all new dependents enrolling on or after January 1, 2025 (including dependents added during the 2025 Open Enrollment period).

Eligibility

If you are regularly scheduled to work at least 12 hours per week, you are eligible for Leidos benefits.

- ▶ Full-time: 30–40 regularly scheduled hours per week.
- ▶ Part-time: 12–29 regularly scheduled hours per week.
- ▶ Consulting Employees will be eligible to enroll in medical coverage only (excluding Tricare Supplement). Coverage is 100% employee paid on a post-tax basis. Consulting Employees that enroll in a Healthy Focus medical plan will not be eligible for a Leidos sponsored Health Savings Account (HSA).

Eligibility for certain medical and dental plans may be determined by your home ZIP code.

Refer to the Benefits Summary Plan Description website at <https://benefits.leidos.com> for more information.

Double Coverage Is Not Allowed

You may not cover a spouse, registered domestic partner, or dependent child if that individual is also a Leidos employee and has elected his or her own coverage.

Eligible Dependents

- ▶ Your legal spouse or domestic partner (if proof of registration with a state or local domestic partner registry is provided or if a Declaration of Domestic Partnership form is submitted, as well as proof of joint ownership).
- ▶ Dependent children up to age 26, regardless of student status.
- ▶ Unmarried children beyond the age of 26 who are incapable of self-support due to physical or mental disability.
 - Children include your natural child, legally adopted child, child placed with you for adoption, stepchild, child of your domestic partner, or any other child who depends on you for support and lives with you in a parent-child relationship and for whom you can provide proof of legal guardianship.

A complete description of Leidos eligible dependent guidelines is available on the Benefits Summary Plan Description website at <https://benefits.leidos.com>.

To enroll a domestic partner, you must provide proof to our Dependent Eligibility Verification (DEV) administrator, Alight, that your domestic partnership is registered with a state or local domestic partner registry, or you must complete a Declaration of Domestic Partnership and submit proof of joint ownership. For additional information, contact Employee Services at AskHR@leidos.com or by phone at **855-553-4367**, option 3.

Note: The law requires that you are taxed on contributions for medical and dental coverage for your domestic partner and the children of your domestic partner, unless those children are considered tax dependents. Also, to qualify for coverage under the life insurance programs, a registered domestic partner's child must reside with the participant and be born to or legally adopted by the registered domestic partner.

TAKE NOTE! SPOUSAL SURCHARGE

Leidos offers coverage to all spouses and domestic partners, but for those who have other medical coverage available to them, there will be an additional cost.

If your spouse/domestic partner has access to another employer's medical plan, you will pay an additional \$100 per month to cover him/her under the Leidos medical plan.

The spousal surcharge would not apply if your spouse/domestic partner is:

- ▶ Currently employed by Leidos.
- ▶ Enrolled in coverage through the Marketplace or a private plan.
- ▶ Not employed.
- ▶ Eligible for Medicare (but not another employer-sponsored medical plan).
- ▶ Not offered/eligible for medical coverage through their employer.

DEPENDENT ELIGIBILITY VERIFICATION (DEV)

Starting on January 1, 2025, the Dependent Eligibility Verification (DEV) program will be administered by Alight. At the conclusion of the enrollment period, you will be asked to verify any dependents added to your benefits for the 2025 plan year. Alight will contact you by mail and you should be ready to provide the following documents:

- ▶ Proof of marital status:
 - If married within the current calendar year: a copy of the marriage certificate only.
 - If married before the current calendar year: redacted recent tax return; or a copy of the marriage certificate AND proof of joint ownership (bank statement, mortgage statement, etc.).
- ▶ Proof of domestic partnership – proof of registration with a state or local domestic partner registry, or Declaration of Domestic Partnership and proof of joint ownership document.
- ▶ Proof of parent/child relationship – birth certificate, recent hospital record, adoption paperwork, report of birth abroad, or legal guardianship document.

If you fail to submit the required documentation, or if the documents you submit are insufficient or incomplete, your dependent(s) will be removed from coverage.

Spousal Surcharge Certification

I certify that my spouse does not have employer-provided healthcare coverage available to him/her. I understand that if I knowingly and willfully submit false information to Leidos in order to obtain a spousal surcharge waiver, or fail to immediately notify Leidos that I am no longer eligible for a spousal surcharge waiver, I will be subject to disciplinary action, up to and including termination of employment, and I will be required to repay all surcharges that were waived.

Random DEV

Please note that Alight also conducts a random DEV each year to ensure that a dependent's eligibility remains unchanged. If selected for the random verification, please complete the verification process even if your dependent was previously verified.



Your Health

NEW Classic Network Medical Plan

The **NEW Classic Network Plan**, administered by Aetna and Anthem, provides comprehensive medical benefits and quality care. This plan provides **in-network coverage only**, which means all services must be obtained from in-network providers to be eligible for coverage. Out-of-network services will not be covered except in cases of emergency or network deficiency. Be sure to review the provider directory to ensure your preferred providers are in-network.

Coverage is provided under Aetna's *Select Open Access* network and Anthem's *Bluecard PPO* network. Both networks provide an extensive selection of physicians, hospitals and specialists.

► **How to search for in-network providers:**

- **Aetna:**
 - » Visit aetna.com
 - » Click on *Find a Doctor*
 - » Click on *Plan From an Employer*
 - » Enter *Location*
 - » Scroll down to *Aetna Open Access Plans*
 - » Click on *Aetna Select (Open Access)*
- **Anthem:**
 - » Visit <https://anthem.com/find-care>
 - » Scroll down to *Use Member ID for Basic Search*
 - » Enter prefix: *DKV*

- **Network Deficiency Accommodation** – if there is no in-network provider available near the member's home (within 45 miles for Aetna or 30 miles for Anthem), the Plan will cover an out-of-network provider at the in-network level. Member must call Aetna or Anthem to arrange the network deficiency accommodation.

| In-network (INN) / Out-of-network (OON) | Classic Network Plan ¹ | |
|--|---------------------------------------|----------------------|
| | In-Network | Out-Of-Network |
| Deductible (EE Only / Family) | \$1,500 / \$3,000 ² | N/A |
| Out-of-Pocket (OOP) Max (EE Only / Family) | \$3,000 / \$6,000 ³ | N/A |
| Coinsurance | 20% | N/A |
| Preventive Care | 100% | N/A |
| Office Visits (PCP) | \$30 copay, no Ded | N/A |
| Office Visits (Specialist) | \$50 copay, no Ded | N/A |
| Inpatient Hospital | Ded, then 20% | N/A |
| Outpatient Surgery | Ded, then 20% | N/A |
| Emergency Room Copay Non-emergency ER Visit | \$250, no Ded Ded, 50% coinsurance | \$250 Not covered |

¹ The Plan begins covering services with a copay even before the deductible is met. Copays do not count towards satisfying the deductible.

² Deductible is embedded. This means that once a member has met the individual deductible, the Plan will begin paying for that member's claims even if the family deductible has not been met.

³ Out-of-pocket maximum is embedded. This means that once a member has met the individual OOP maximum, the Plan will begin paying 100% of that member's claims even if the family OOP max has not been met.

CLASSIC NETWORK PLAN TELADOC FEES (AETNA MEMBERS)

- ▶ General Medical Consultations: \$30 per consultation
- ▶ Caregiver Services: \$56 per consultation
- ▶ Dermatology: \$50 per consultation
- ▶ Behavioral Health
 - All Therapy Visits (Non-MD): \$30 per consultation
 - Initial Psychiatry (MD) Visit: \$30 per consultation
 - All Subsequent Psychiatry (MD) Visits: \$30 per consultation

Teladoc fees do not count towards satisfying the Classic Network Plan deductible.

CLASSIC NETWORK VIRTUAL CARE FEES (ANTHEM MEMBERS)

- ▶ Medical: \$30 per consultation
- ▶ Dermatology: \$50 per consultation
- ▶ Behavioral Health
- ▶ Psychology (mid-level practitioner): \$30 per consultation
- ▶ Psychology (MD/PhD): \$30 per consultation
- ▶ Psychiatry: \$30 per consultation

Anthem Virtual Care fees/copays do not count towards satisfying the deductible.



Healthy Focus Medical Plans

The Healthy Focus medical plans are self-funded by Leidos, which means that Leidos pays the plan's portion of all medical claims. The plans are administered by Aetna and Anthem. They provide administrative services, including member services and medical claims processing.

You have four Consumer Directed Health Plan (CDHP) options to choose from:

- ▶ Healthy Focus Basic Plan
- ▶ Healthy Focus Advantage Plan
- ▶ Healthy Focus Essential Plan
- ▶ Healthy Focus Premier Plan

The plans provide:

- ▶ Flexibility to see any provider, but you'll pay lower costs when you receive in-network care.
- ▶ Prescription drug coverage, with greater savings when using generics and the mail order pharmacy.
- ▶ An HSA to help you pay for current eligible expenses with pre-tax dollars, as well as to save for future healthcare expenses.

HOW THE MEDICAL PLANS WORK

- ▶ In-network preventive care, e.g., annual physicals, routine tests, and screenings, is covered at 100 percent.
- ▶ Other than in-network preventive care, you pay a certain amount out-of-pocket, before the plan begins to pay for care – that's your annual deductible. You have access to in-network discounts even before you meet your annual deductible.
- ▶ After you reach your annual deductible, the plan pays a percentage of the cost of most care. (You pay the remaining percentage, or co-insurance.)
- ▶ Your out-of-pocket costs are limited to an out-of-pocket maximum – which is the most you may pay in one year.

What to consider when selecting a plan

When choosing your medical coverage, you should carefully review and consider the following:

Your annual premiums – The annual premium you pay for medical coverage is spread across the year, so you pay a portion of it in each pay period on a pre-tax basis. It's important to note that plans with a lower deductible have a higher premium. Likewise, a plan with a higher deductible will have a lower premium.

The plan design – Review the plan's deductible, coinsurance and out-of-pocket maximum to ensure you understand how the medical plan works.

Your estimated annual expenses for you and your covered dependents – Review medical and prescription needs from the current year to assist you with predicting costs for the upcoming year. You should also consider the cost of any procedures you or your covered dependents anticipate for 2025.

As you evaluate the plan options, consider your premiums, deductibles, and out-of-pocket maximums together with Leidos contributions towards your Health Savings Account.

Network Deficiency Accommodation – If there are no in-network providers available near the member's home (within 45 miles for Aetna or 30 miles for Anthem), the Plan will cover an out-of-network provider at the in-network level. Members must call Aetna or Anthem to arrange the network deficiency accommodation.

What is a CDHP?

CDHPs are designed to encourage you to take an active role in your healthcare by knowing your treatment options and the cost implications of your choices. They have a high deductible, but the tax-free HSA can help you cover out-of-pocket costs. With an HSA, you can carry forward unused dollars if you don't use all of the money in a particular year.

AETNA NETWORK

Aetna Choice POS II is the Leidos provider network. When you see an in-network doctor, you'll pay lower costs.

To find an in-network provider go directly to the website for **Aetna**: www.aetna.com.

If you are currently seeing a provider who is not part of the network, you have a couple of options:

- ▶ Request that your doctor be solicited for participation in the plan's network. You may do this by contacting your medical plan administrator's customer service to initiate the process.
- ▶ Find a new provider – one that is already part of the plan's network. Customer service can assist you with your search.
 - **Aetna One Advisor**: 800-843-9126
 - For more information, visit <https://aetna.com/advisor-leidos>
- ▶ **Aetna Smart Compare** – Aetna Smart Compare is a designation program for providers who have demonstrated a higher standard of quality and cost effectiveness. Look for the Aetna Smart Compare "Quality Care" and "Effective Care" designation when you search for a provider. These designations are for primary care physicians, cardiologists, endocrinologists, general surgeons, medical oncologists, neurosurgeons, obstetricians and gynecologists, orthopedists, pulmonologists and vascular surgeons. Beginning in January 2025, the Smart Compare program will expand to include behavioral health providers, cardiothoracic surgeons, gastroenterologists, neurologists, otolaryngologists, plastic surgeons and urologists. Behavioral Health will be phased in starting with psychiatrists.
 - For more information visit, www.aetna.com/smartcompare

Disclaimer:

If you elect to participate in one of our Healthy Focus plans, your claims data and other personal health information (PHI) may be used in the administration of various medical, Rx and other wellness programs.

Aetna One Advisor (A1A) Advocacy Services

Aetna One Advisor (A1A) is a high touch clinical and customer service model that provides proactive outreach to members using data analytics. Members receive personalized treatment plans from the A1A team, a team that includes: Member Advocates; Clinical Advocates (nurses); Health Advisors; Pharmacists; Dietitians and more. They provide a full menu of health-related support for everything from getting the most out of your benefits, to providing support during difficult times, to setting up collaborations with providers, members, and internal resources. A1A removes barriers to care and provides support to help you achieve your health goals across all aspects of your health care journey. To contact an A1A, call 800-843-9126.



ANTHEM NETWORK

Anthem Provider Recognitions

Anthem recognizes providers who are committed to delivering better health outcomes. When you search for providers on the Anthem member portal, click on "Recognitions" to view any distinctions associated with that provider.

► **Total Care**

- Healthcare providers recognized for their commitment in coordinating total patient care with emphasis on prevention, wellness and helping patients better manage chronic conditions to achieve improved health outcomes.

► **Enhanced Personal Health Care**

- An approach where doctors spend more time with patients, coordinate care with other doctors and focus on the best way to help you get healthy and stay healthy.

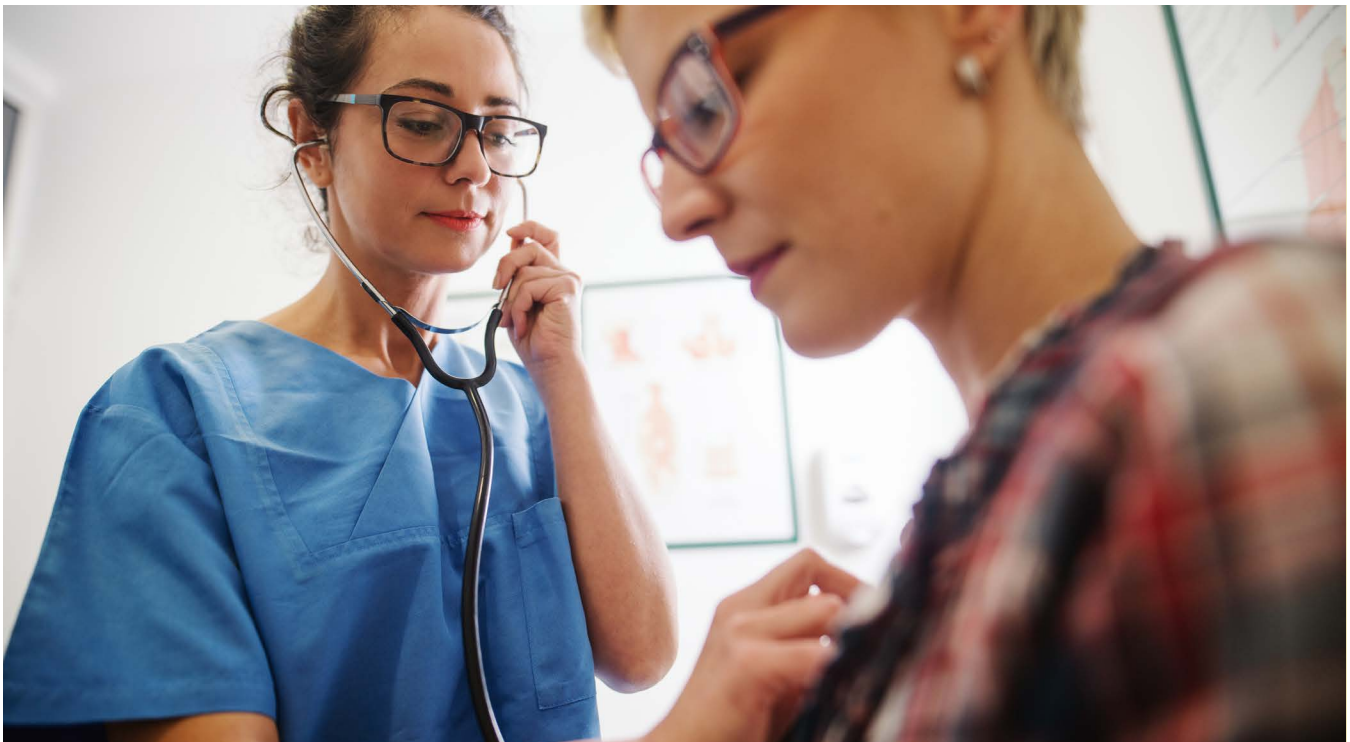
Anthem Health Guides

Get personalized support from health guides who will answer your questions, help you understand your benefits, and guide you through the process of getting the care you need. Health Guides work with health care professionals to connect you with the right benefits and programs for your needs. They can also help you stay on top of appointments and help you compare costs for services, and much more. To reach an Anthem Health Guide, call 833-549-1179.

National BlueCard PPO Network

To search for an in-network provider:

- Visit <https://anthem.com/find-care>
- Scroll down to "Use Member ID for Basic Search"
- Enter prefix: DKV



How Much You Pay for Covered Expenses

| | Healthy Focus Basic Plan | | Healthy Focus Essential Plan | | Healthy Focus Advantage Plan | | Healthy Focus Premier Plan | |
|--|----------------------------------|----------------|----------------------------------|----------------|------------------------------|----------------|----------------------------|----------------|
| | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network |
| Annual Deductible | | | | | | | | |
| Individual coverage | \$4,000 | \$8,000 | \$2,000 | \$4,000 | \$1,800 | \$3,600 | \$1,800 | \$3,600 |
| All other coverage levels | \$8,000 | \$16,000 | \$4,000 | \$8,000 | \$3,600 | \$7,200 | \$3,600 | \$7,200 |
| Annual Out-Of-Pocket (OOP) Maximum (includes deductible) | | | | | | | | |
| Individual coverage | \$6,750 | \$13,000 | \$5,000 | \$10,000 | \$3,600 | \$7,200 | \$1,800 | \$7,200 |
| All other coverage levels | \$13,500 | \$27,000 | \$10,000 | \$20,000 | \$7,200 | \$14,400 | \$3,600 | \$14,400 |
| Embedded Out-of-Pocket (OOP) Max | \$8,550 individual within family | Not Applicable | \$8,550 individual within family | Not Applicable | Not Applicable | | Not Applicable | |
| Coinsurance | | | | | | | | |
| After Deductible | 50% | 50% | 35% | 50% | 20% | 50% | 0% | 50% |

Your Cost for Covered Care After Deductible

| | | | | | | | | |
|--|-----|-----|------|------|------|------|-----|-----|
| Office Visits (including specialists & surgery done in the doctor's office) | | | | | | | | |
| Preventive Care (In-network is not subject to deductible) | 0% | 50% | 0% | 50% | 0% | 50% | 0% | 50% |
| Primary Care Physician (PCP) | 50% | 50% | 35% | 50% | 20% | 50% | 0% | 50% |
| Specialist Care Physician (SCP) | 50% | 50% | 35% | 50% | 20% | 50% | 0% | 50% |
| Outpatient Surgery | 50% | 50% | 35% | 50% | 20% | 50% | 0% | 50% |
| Emergency Treatment | | | | | | | | |
| Urgent Care | 50% | 50% | 35% | 50% | 20% | 50% | 0% | 50% |
| Emergency Room | 50% | 50% | 35%* | 35%* | 20%* | 20%* | 0%* | 0%* |
| Hospital Admission | 50% | 50% | 35% | 50% | 20% | 50% | 0% | 50% |
| Mental Health Services | | | | | | | | |
| Mental Health and Substance Use Disorder | 50% | 50% | 35% | 50% | 20% | 50% | 0% | 0% |

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

Additional Benefits Available to Healthy Focus Plan Participants

TELADOC (AETNA MEMBERS)

If you are enrolled in the Healthy Focus medical plans, you have access to Teladoc, a service that helps you resolve non-emergency medical issues (e.g., ear infections, sinus problems, cold and flu symptoms, urinary tract infection, pink eye, and allergies), dermatology, and behavioral health services 24/7. Teladoc provides phone and video conference access to a national network of U.S. board-certified doctors and pediatricians to diagnose, treat, and prescribe medication (when necessary) for many medical issues. For more information, go to teladochealth.com/Aetna or call **800-Teladoc (800-835-2362)**.

Cost of Teladoc Services (per consultation):

- ▶ General Medical Consultation: \$56
- ▶ Dermatology Consultation: \$85
- ▶ Caregiver Services: \$56
- ▶ All Therapy Visits (Non-MD): \$90
- ▶ Initial Psychiatry (MD) Visit: \$215
- ▶ All Subsequent Psychiatry (MD) Visits: \$100

Please note - Consultation fees for General Medical, Dermatology and Behavioral Health are covered at 100% once the annual in-network deductible is met.

ANTHEM VIRTUAL CARE (ANTHEM MEMBERS)

Anthem Virtual Care is available to employees enrolled in the Anthem Healthy Focus Medical plans. You can connect with a doctor 24/7 for common health issues such as the flu, allergies, migraines and pink eye. Mental health and emotional healthcare are also available by appointment. You can set up a video visit with a licensed therapist or board-certified psychologist or psychiatrist. Dermatologists are also available 24/7 for common skin conditions such as acne, psoriasis and rosacea. Maternal care support under the Building Healthy Families program is available through video visits on the app—no appointment needed. For breastfeeding assistance, you can schedule secure online visits with a lactation consultant, counselor or registered dietician.

Cost per visit:

- ▶ Medical: \$55
- ▶ Dermatology: \$100
- ▶ Behavioral Health:
 - Psychology (mid-level practitioner): \$85
 - Psychology (MD/PhD): \$100
 - Psychiatry: \$185 (new patients)
 - Psychiatry: \$80 (established patients)

Consultation fees are covered at 100% once the annual in-network deductible is met.

How to access virtual care:

You may access Anthem Virtual Care by downloading the Sydney Health App or by visiting anthem.com:

- ▶ Register and log in.
- ▶ Once you register, the username and password are the same for the Sydney Health app and anthem.com.
- ▶ Select Care and then select Virtual Care.

Adolescent Mental Health Care Available for Teens Ages 13-17 (Aetna Members)

With everything going on in the world, teenagers are experiencing more emotional pressure than usual, which is leading to increased reports of depression, anxiety and behavioral issues. If you're worried about your teen, you can access Teladoc Adolescent Mental Health services at any time.

Licensed therapists specialize in supporting teens who need help with:

- Depression
- Anxiety
- Eating Disorders
- Substance use
- LGBTQ needs
- ADHD
- Relationships
- and much more.

Additional Benefits Available to Healthy Focus Plan and Classic Network Plan Participants

AIRROSTI

Airrosti is a group of licensed medical providers that are committed to reducing musculoskeletal (MSK) pain as safely and efficiently as possible. Airrosti provides highly effective, personalized care for acute and chronic MSK pain and conditions. Each Airrosti treatment plan, in-clinic or virtual, includes a thorough assessment and diagnosis, efficient conservative care, and a personalized recovery plan with active rehab and at-home exercises.

Expert Diagnosis

If you choose to participate in the Airrosti MSK solution, your journey will begin with a video consultation with a licensed Airrosti provider. This includes a thorough, step-by-step orthopedic evaluation to accurately diagnose the source of the injury. This diagnosis is the key to a highly targeted recovery plan and injury resolution.

Personalized Plan

A customized recovery plan, tailored to your condition and needs is prescribed, including easy-to-follow mobility and stability exercises delivered through an advanced mobile app. Care includes a Remote Recovery Kit with active care tools designed to maximize the effectiveness of the recovery plan.



Muscle and Joint Pain? Call Airrosti.

Airrosti providers resolve pain and injuries at the source so you can quickly return to being pain-free. Convenient treatment options are available nationwide.

Airrosti is in-network for employees & dependents enrolled in the Aetna and Anthem health plans. Clinic locations are available in Texas, Washington, Ohio and Virginia. Treatment is also available virtually through Airrosti Remote Recovery. Please visit <https://www.airrosti.com/remoterecovery/> to schedule an appointment.

[AIRROSTI.COM](https://www.airrosti.com)

1-800-404-6050

OMADA DIABETES PREVENTION & WEIGHT MANAGEMENT SOLUTION

Leidos partners with Express Scripts to provide a diabetes prevention and weight management solution to eligible members enrolled in a Leidos Healthy Focus or Classic Network plan.

The Omada program includes the following features:

- ▶ A free cellular scale and a digital diary of scale readings and food tracking with actionable insights.
- ▶ Proactive, one-on-one support from a health coach to promote disease prevention and weight loss.
 - Support is also provided through assigned and optional peer groups. The groups allow eligible participants to not only engage with a health coach, but also like-minded peers facing similar challenges.

Eligibility requirements

Eligibility for the Omada Diabetes Prevention and Weight Management Solution is based on clinical guidelines and other eligibility factors. The categories listed below are not inclusive of all factors. If you are eligible, you will receive an electronic invite from ESI/Omada to participate.

Members who are 18 years of age and older who fall into one of the categories below:

- ▶ Metformin claim as monotherapy
- ▶ Weight loss medication claim
- ▶ Hypertension and cholesterol medication claim

Note, some conditions may exclude a member from participating. These include but are not limited to members who are pregnant, have a BMI <25, certain conditions for which medical clearance has not been provided (heart attack, hospitalization for cardiac surgery, etc.), and dialysis.

How to Register

If you are eligible for the Omada Diabetes Prevention and Weight Management Solution, you will receive an electronic invite from ESI/Omada to participate. The email will contain a unique registration code that will need to be provided upon registering. If you are eligible, the invite and unique registration code can also be found by visiting express-scripts.com/healthsolutions. If you have questions about the Diabetes Prevention and Weight Management solution, contact Omada via phone at 1-888-409-8687 or via email at support@omadahealth.com.

Disclaimer:

If you elect to participate in one of our Healthy Focus or Classic Network plans, your claims data and other personal health information (PHI) may be used in the administration of various medical, Rx and other wellness programs.



OMADA DIABETES MANAGEMENT PROGRAM

Leidos partners with Express Scripts to provide a Diabetes Management Program to eligible members enrolled in a Leidos Healthy Focus or Classic Network plan.

The Omada virtual-based diabetes solution includes the following features:

- ▶ A free remote blood glucose monitor, test strips, and lancets
- ▶ A digital scale is automatically provided for members with a BMI > 25
- ▶ Expert guidance from a diabetes specialist
- ▶ Proactive, one-on-one support from a health coach to help to support members beyond response to high/low blood sugar levels
 - Support is also provided through assigned and optional peer groups. The groups allow eligible participants to not only engage with a health coach and specialist, but also like-minded peers facing similar challenges.

Eligibility requirements

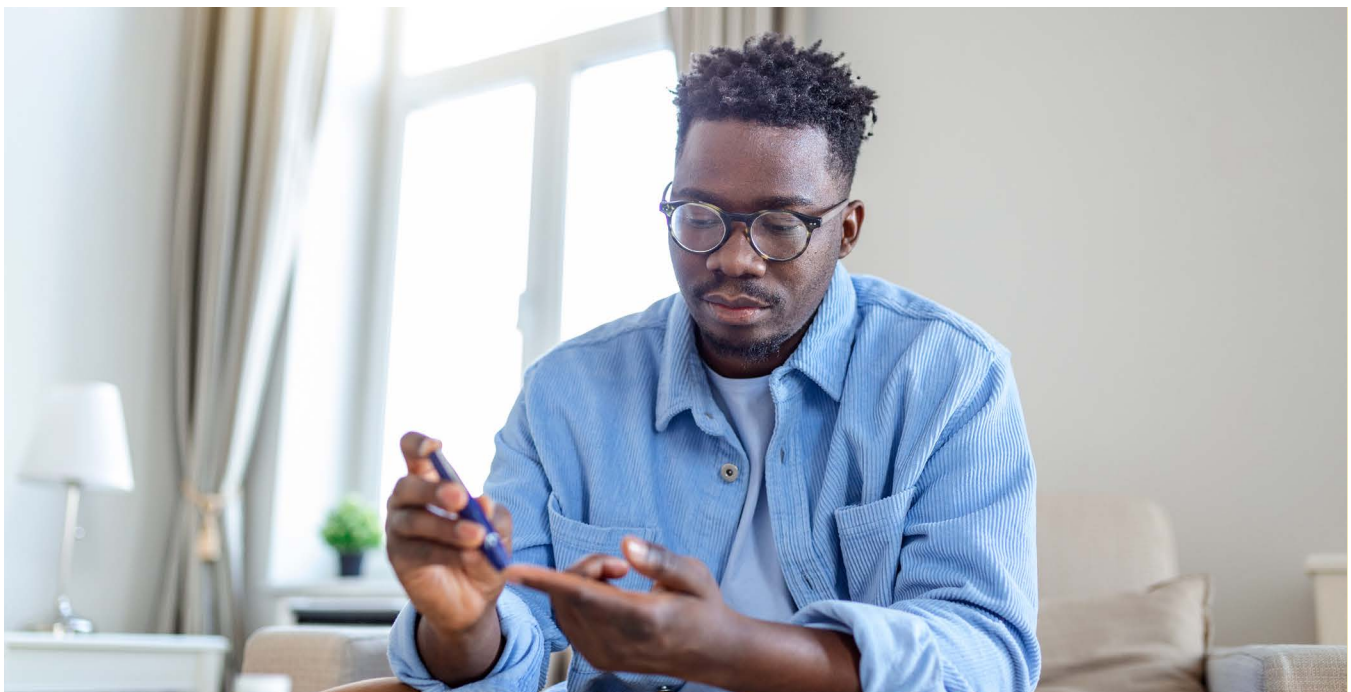
Eligibility for the Omada Diabetes Management Program is based on clinical guidelines and other eligibility factors. The category listed below is not inclusive of all factors. If you are eligible, you will receive an electronic invite from ESI/Omada to participate.

Members who are 18 years of age and older who have a diagnosis of Type 1 or Type 2 diabetes.

Note, some conditions may exclude a member from participating. These include but are not limited to members who are pregnant, certain conditions for which medical clearance has not been provided (heart attack, hospitalization for cardiac surgery, etc.), and dialysis.

How to Register

If you are eligible for the Omada Diabetes Management solution, you will receive an electronic invite from ESI/Omada to participate. The email will contain a unique registration code that will need to be provided upon registering. If you are eligible, the invite and unique registration code can also be found by visiting express-scripts.com/healthsolutions. If you have questions about the Diabetes Management program, contact Omada via phone at 1-888-409-8687 or via email at support@omadahealth.com.



Prescription Drugs

If you are enrolled in one of the Healthy Focus medical plans, or the NEW Classic Network Plan, you have access to prescription drug coverage administered by Express Scripts (ESI). The Express Scripts plan is competitive and designed to help you manage prescription drug costs.

HOW THE PRESCRIPTION DRUG PLAN WORKS - HEALTHY FOCUS MEDICAL PLANS

Under the Healthy Focus medical plans, you must meet the annual medical plan deductible before the plan begins sharing the cost for prescription drugs.

The medical plan deductible does not apply to certain preventive drugs, such as many medications to treat and prevent hypertension, high cholesterol, and asthma. Visit the Healthy Focus Medical Plans page on the Benefit Summary Plan Description website <https://benefits.leidos.com> for more information.



Paying for Prescription Drugs with the Healthy Focus Medical Plans

With a CDHP, you pay the full price of prescription drugs until you meet the deductible for generic, preferred brand and non-preferred brand medications. That's really important to understand, especially for you and your covered dependents managing serious conditions that are treated with costly medications. Refer to the chart below to see what you pay for prescriptions after you meet your deductible.

| | Healthy Focus Basic Plan | | Healthy Focus Essential Plan | | Healthy Focus Advantage Plan | | Healthy Focus Premier Plan | |
|---------------------|--------------------------|----------------|------------------------------|----------------|------------------------------|----------------|----------------------------|----------------|
| | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network |
| Generic | 50% | Not Covered | \$5 | Not Covered | \$5 | Not Covered | 0% | Not Covered |
| Preferred Brand | 50% | | 30% | | 30% | | 0% | |
| Non-Preferred Brand | 50% | | 50% | | 50% | | 0% | |

Note: Certain preventive prescriptions are not subject to the deductible. Applicable copay or co-insurance will automatically kick-in.

Paying for Prescription Drugs Under the Classic Network Plan

Prescription drugs are covered after you pay a fixed copay based on the drug tier (generic, preferred brand, non-preferred brand and specialty drugs). You are not required to meet the deductible before the Plan begins covering your prescriptions, making it predictable to budget for your medications. Note that copays do not count towards meeting your deductible.

| | Network | Mail Order | Out-of-Network |
|---------------------|-------------|-------------|----------------|
| Generic | \$10 Copay | \$20 Copay | No Coverage |
| Preferred Brand | \$50 Copay | \$100 Copay | |
| Non-Preferred Brand | \$100 Copay | \$200 Copay | |
| Specialty Drugs | \$250 Copay | \$250 Copay | |

WAYS TO SAVE ON PRESCRIPTION DRUGS

- ▶ **Ask your doctor or pharmacist about generic versus brand name drugs.** Generic equivalent medications contain the same active ingredients and are subject to the same Federal Drug Administration (FDA) standards for quality, strength, and purity as their brand name counterparts. Choosing generic rather than brand name drugs can save you money.
- ▶ **Use the Express Scripts mail service or Walgreens Smart90 program for your long-term medications.** You can get up to a 90-day supply for a single mail-order payment. That means you will typically pay less over time. **Note:** If the long-term maintenance medication is not filled through mail order or a Walgreens pharmacy, participants will pay a penalty.

PRESCRIPTION DRUG CLINICAL MANAGEMENT PROGRAMS FOR THE HEALTHY FOCUS AND THE CLASSIC NETWORK PLANS

Prior Authorization

Prior Authorization is a feature of your prescription drug plan that helps ensure the appropriate use of selected prescription drugs. Certain prescription drugs require your doctor to provide information for you to gain approval before the prescription drug is covered. This process helps make sure you receive the right prescription for your condition.

Step Therapy

Step Therapy is an approach intended to control the costs of certain prescription drugs when lower cost drugs are available, such as a generic or lower-cost brand name. These drugs are proven to be safe and effective, as well as affordable. It begins by trying the most cost-effective drug therapy for a medical condition first. When patients don't respond to the first-line medications, more costly drug therapies, typically brand name drugs, can be requested for coverage approval.

Walgreens Smart90

The Walgreens Smart90 Program is a feature of the Express Scripts program where participants can receive a 90-day supply of maintenance medication through either Express Scripts mail order or any Walgreens network pharmacy. If the medication is not filled through mail order or a Walgreens pharmacy, participants will pay a penalty. These penalties will not count towards the deductible or out-of-pocket maximum. Additionally, participants will still receive penalties after they have met their out-of-pocket maximum.

Patient Assurance Program

If you are enrolled in a Healthy Focus or Classic Network medical plan you will have access to the Patient Assurance Program (PAP) administered by Express Scripts. With this program, when you fill a prescription for select diabetes products, you will pay no more than \$75 for a 90-day prescription at retail or mail order. In other words, your out-of-pocket amount is capped and significantly reduced at the point-of-sale for both home delivery and in-network retail pharmacies. Any copay amount paid will apply to your annual out-of-pocket maximum only. Select preferred diabetes products are included within this program and include therapies within the following categories:

- ▶ Insulin
- ▶ GLP-1 agonists
- ▶ SGLT2-inhibitors
- ▶ DPP-4 inhibitors



Rx SAVINGS SOLUTIONS

In partnership with ESI, Leidos provides access to Rx Savings Solutions (RxSS), a simple, confidential online tool that helps you identify ways to save money on your prescription medications. RxSS does not replace your Express Scripts prescription plan. Instead, RxSS offers you several ways to save money through the convenience of your mobile device or through an online portal. Also, unlike traditional price look-up tools or coupon programs, it will automatically alert you or your covered dependents with an email or text if you are paying too much for your prescriptions and tell you how to get the same treatment for less money.

RxSS is available at no cost to all U.S. benefits eligible employees and dependents enrolled in a Healthy Focus or Classic Network medical plan.

How it Works

- ▶ If you have regular prescriptions, RxSS will notify you automatically if there is an opportunity to save money.
- ▶ RxSS identifies different medications that perform the same as your current or prescribed medication, but with a lower out-of-pocket cost (which you can review with your clinician or prescriber).
- ▶ Anytime you get a new prescription, you can use the online tool or mobile app to look for savings opportunities.
- ▶ With the information RxSS provides, you will be able to speak with your doctor or prescriber about making any changes to your prescriptions. Or, an RxSS certified pharmacy technician can work directly with your doctor to get approval on any changes that will save you money.
- ▶ Savings opportunities could come in many forms: generics, different forms of the same medication (like switching from a capsule to a tablet), or different medications that treat the same condition but cost less.



Activate your account today at myrxss.com and learn how to save money on current and future prescriptions!



Health Savings Account (HSA)

An HSA is a great tax-advantaged opportunity. You can use the account to pay for qualified health expenses with tax-free dollars. The Healthy Focus Plans feature an HSA, designed to help you save for current and future medical expenses.

WHO'S ELIGIBLE TO ENROLL IN AN HSA?

IRS guidelines dictate HSA eligibility. If you can answer YES to any of the below questions, you will still be eligible to enroll in a Healthy Focus medical plan but NOT eligible to participate in an HSA.

1. Are you enrolled in Medicare or TRICARE?
2. For the plan year 2025, will you be enrolled in a medical plan or program in addition to the plan such as your spouse's/partner's HMO or traditional PPO plan or standard Healthcare FSA?

Note: If you're enrolled in an HSA, you can also enroll in a Limited Purpose FSA to cover eligible dental and vision expenses – but you cannot enroll in a standard Healthcare FSA.

HOW THE HEALTHY FOCUS PLANS AND THE HSA WORK TOGETHER

| HSA You start with tax-free contributions to the HSA | Paying for Care When Needed You can use your HSA to pay your share of qualified medical expenses | Carrying Funds Forward If you have HSA dollars left... |
|---|---|---|
| <p>Your contributions</p> <p>+</p> <p>Company contributions (if eligible)</p> | <p>You pay 100% until you meet the deductible*</p> <p>You and the company share costs (co-insurance depending on the plan)</p> <p>After you meet out-of-pocket max, company pays 100%</p> | <p>Unused dollars carry forward to 2026 and beyond</p> |

*Except for in-network preventive care.

Leidos May Also Contribute to your HSA

In addition to your pre-tax contributions, Leidos may contribute to your HSA. The amount Leidos will contribute is based on the plan you choose, your coverage level and your annual base salary. The company contribution to your HSA will be made in equal installments on a biweekly basis. To determine your company contribution, refer to the chart below:

| | Healthy Focus Basic Plan | | Healthy Focus Essential Plan | | Healthy Focus Advantage Plan | | Healthy Focus Premier Plan | |
|----------------------|--------------------------|--|------------------------------|--|------------------------------|--|----------------------------|--|
| Annual Base Salary | Employee only | Employee + Spouse; Employee + Children; Family | Employee only | Employee + Spouse; Employee + Children; Family | Employee only | Employee + Spouse; Employee + Children; Family | Employee only | Employee + Spouse; Employee + Children; Family |
| \$85,000 or less | \$0 | \$0 | \$9.61 | \$19.23 | \$19.23 | \$38.46 | \$19.23 | \$38.46 |
| \$85,001–\$150,000 | \$0 | \$0 | \$4.80 | \$9.61 | \$9.61 | \$19.23 | \$9.61 | \$19.23 |
| \$150,001 or greater | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Note: In the event that salary and/or coverage level change during the year (e.g., Employee only to Employee + Spouse), the company's contribution will not change.

WHAT YOU NEED TO KNOW ABOUT HSAs

- ▶ You must re-enroll every year to participate.
- ▶ You can make pre-tax contributions through payroll deductions. The IRS maximum contribution in 2025 is \$4,300 for employee only coverage, or \$8,550 for all other coverage levels. This annual limit includes any contributions made by Leidos through biweekly company contributions and/or incentives earned through participation in well-being activities. If you are older than age 55 at any point during 2025, you can make an additional \$1,000 contribution via Workday by choosing the HSA Bank with Catch Up Contribution plan or by sending payment directly to HSA Bank.
- ▶ You can make additional, post-tax contributions at any time during the year by sending a check to HSA Bank. Keep in mind that any post-tax contribution that you make applies to the annual IRS maximum.
- ▶ The funds in your account roll over from year to year and there is no limit to how much you can accumulate over time. You will never be taxed on this money (as long as it's used for qualified medical expenses); and once your balance reaches \$100, you can choose to invest it in a range of funds through HSA Bank. Remember, all investing is subject to risk; consult a financial advisor for assistance.

Please note that you can change the amount of your HSA contribution at any time during the plan year in Workday. No qualified status change is required for you to make a change. Changes made will go into effect the first of the following month. For more information on eligibility, qualified medical expenses and how an HSA works, go to <https://hsabank.com/QME> or www.hsabank.com/Leidos.



Kaiser Permanente Medical Plans

Employees in California, Colorado, Mid-Atlantic States (MD, D.C. and VA), and Hawaii have the option to enroll in a Kaiser Permanente HMO medical plan. As a Kaiser Permanente member, your coverage includes exclusive access to top-notch doctors and hospitals. You and your Kaiser provider will work together to create a personalized wellness plan that makes it easier for you to stay healthy – in mind and body. When you enroll in Kaiser, you and your covered dependents will need to select a primary care physician (PCP) to coordinate all routine medical care and specialist referrals. The Kaiser plan includes a prescription drug benefit. Preventive care received in the Kaiser plans is covered at 100 percent, no deductible.

The chart below highlights Kaiser plan features and some key covered services. Benefits are **only** paid for care from in-network providers except for emergency and urgent care. To learn more about Kaiser Permanente, visit select.kp.org/leidos.

| | California and Mid-Atlantic Plan Features | Colorado | Hawaii Plan Features |
|---|---|---------------------------------|--------------------------------------|
| Annual Deductible ▶ Individual ▶ Family | \$500 \$1,000 | \$500 \$1,000 | Not Applicable |
| Annual Out-of-Pocket Maximum ▶ Individual ▶ Family | \$3,000 \$6,000 | \$3,000 \$6,000 | \$2,000 Individual \$6,000 Family |
| Co-insurance | 10% after deductible | 10% after deductible | \$50 |
| Covered Services | | | |
| Preventive Care | Covered at 100% | Covered at 100% | Covered at 100% |
| Office Visit ▶ PCP ▶ Specialist | \$10 \$10 | \$10 \$10 | \$15 \$15 |
| Emergency Room | 10% after deductible | 10% after deductible | \$50 per visit, waived if admitted |
| Hospital Stay | 10% after deductible | 10% after deductible | \$50 per day |
| Outpatient Surgery | 10% after deductible | 10% after deductible | \$15 per procedure |
| Inpatient Psychiatric Care | \$0 (deductible does not apply) | \$0 (deductible does not apply) | \$50 copay per day |
| Outpatient Individual Therapy Visit | \$0 (deductible does not apply) | \$0 (deductible does not apply) | \$15 copay per visit |
| Outpatient Group Therapy Visit | \$0 (deductible does not apply) | \$0 (deductible does not apply) | \$15 copay per visit |
| Prescription Drugs (Retail) | | | |
| Generic | \$10 | \$10 | \$10 |
| Preferred Brand | \$30 | \$20 | \$35 |
| Non-Preferred Brand | \$30 (\$50 - Mid-Atlantic Only) | \$20 | \$35 |

Kaiser Hawaii and California plans are required to use binding arbitration to settle disputes related to or arising out of care delivery. The California Health and Safety code 1363.1, and Hawaii Case Law requires Kaiser Permanente to notify the employee of the use of arbitration at the point of enrollment, therefore, you will see a link to the arbitration agreement within the Workday Open Enrollment event. **Note: If you do not agree to the arbitration language you should choose a different medical plan option.**

By enrolling in a Kaiser Permanente Hawaii or California Plan, you understand that this action will serve as your agreement to the conditions provided in the Kaiser Foundation Health Plan Arbitration Agreement.

[Kaiser California Arbitration Agreement](#)

[Kaiser Hawaii Arbitration](#)

For more information about the Kaiser medical plans and benefits available to Kaiser members, refer to the [Kaiser page](#) on Prism.

ADDITIONAL KAISER BENEFITS

ClassPass – Kaiser teamed up with fitness industry leader ClassPass to make it easier for Kaiser members to exercise from the comfort of their homes.

With ClassPass, Kaiser members can get:

- ▶ **Unlimited video workouts at no cost** – Access to over 4,000+ on-demand fitness classes, including cardio, dance, meditation, strength training, yoga, barre and more at no cost on your mobile phone or laptop.
- ▶ **Discounts on livestream fitness classes** – Reduced rates for real-time online classes from top studios and instructors around the world. Classes include boxing, bootcamp, yoga, and Pilates, barre, prenatal and more.
- ▶ **In-Person gym classes** – Reduced rates for classes at 30,000+ gyms and fitness studios around the world.

To get access to ClassPass, Kaiser members can visit kp.org/exercise.

Calm App – Kaiser provides access to the Calm app for all Kaiser members free of charge. The Calm app uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. With guided meditations, programs taught by world-renowned experts, sleep stories narrated by celebrities, mindful movement videos, and more, Calm offers something for everyone.

Download the Calm app for free at kp.org/selfcareapps.



HMSA

The HMSA medical plan is a Preferred Provider Organization (PPO) available to employees who reside in Hawaii. With HMSA, members have access to quality care from their choice of doctors and specialists and Hawaii's top hospitals. This plan offers flexibility in the way a member gets medical benefits (e.g. office visits, inpatient facility services, outpatient services, etc.). In general, to get the best benefits possible, a member should seek services from HMSA participating providers. If a member chooses to visit a non-participating provider, the out-of-pocket costs will be higher.

The chart below highlights some HMSA plan features:

| Benefit | In-Network Coverage | Out-of-Network Coverage |
|--|--|--|
| Annual Deductible | None | \$100 Individual \$300 Family |
| Annual Out-Of-Pocket Maximum (Including Deductible) | \$2,500 Individual \$7,500 Family Combined with Out-Of-Network | \$2,500 Individual \$7,500 Family Combined with Out-Of-Network |
| Office Visits | \$12 Copay | 30% Coinsurance (after Deductible) |
| Preventive Care | Covered at 100% | 30% Coinsurance |
| Hospital Care Inpatient Outpatient | 10% Coinsurance 20% Coinsurance | 30% Coinsurance (after Deductible) |
| Emergency Care | 20% Coinsurance | 20% Coinsurance |
| Urgent Care | \$12 Copay | 30% Coinsurance (after Deductible) |
| Mental Health - Inpatient | Hospital & Facility Services - 10% Coinsurance Physician Services - 10% Coinsurance | Hospital & Facility Services - 30% Coinsurance (after Deductible) Physician Services - 30% Coinsurance (after Deductible) |
| Mental Health - Outpatient | Hospital & Facility Services - 10% Coinsurance Physician Services - \$12 Copay | Hospital & Facility Services - 30% Coinsurance (after Deductible) Physician Services - 30% Coinsurance (after Deductible) |
| Prescriptions - Retail | Generic - \$7 Copay Preferred Brand - \$30 Copay Other Brand - \$30 Copay | Generic - \$7 Copay + 20% Coinsurance Preferred Brand - \$30 Copay + 20% Coinsurance Other Brand - \$30 Copay + 20% Coinsurance |
| Prescriptions - Mail Order | Generic - \$7 Copay Preferred Brand - \$65 Copay Other Brand - \$135 Copay | Not Covered |

Tricare Supplement

TRICARE Supplement insurance is voluntary insurance designed to supplement TRICARE to help with out-of-pocket healthcare expenses. Retired military people who have TRICARE Supplement insurance coverage can save on copays, prescriptions, and cost shares.

TRICARE and TRICARE Supplement are separate plans. However, TRICARE Supplement may help to minimize your out-of-pocket expenses. Not all services and expenses are covered by TRICARE and TRICARE Supplement Insurance.

Expats electing Tricare must elect the appropriate Tricare Overseas Program.

See the [Plan Design for Employees brochure](#) for benefits and coverage details, including exclusions, and limitations.

Triple-S Optimo Plus Medical Plan

Participants located in Puerto Rico are eligible to enroll in the Optimo Plus Medical Plan through Triple S.

HOW THE OPTIMO PLUS PLAN WORKS

Participants covered under the Triple-S Optimo Plus Plan do not have to meet a deductible. However, participants must meet an annual out-of-pocket maximum of \$6,350 (Individual) or \$12,700 (Family). Once the out-of-pocket maximum is met, Triple S will pay 100% of the member's remaining covered health care expenses for the rest of the plan year.

Participants may access care within the Triple S provider network without a referral from a primary care physician.

For services rendered by non-participating providers in Puerto Rico, the member will pay the difference between the billed amount and Triple S established fees for participating providers. Services outside of Puerto Rico are covered through the Blue Cross & Blue Shield (BCBS) network and require preauthorization. Non-participating providers are covered only in case of emergency. Triple-S will pay these services per the fees established by the local BCBS plan for non-participating providers.

Triple S App

Be sure to download the [Mi Triple S App](#). The App provides access to an electronic copy of the ID card, directory of providers, as well as other services and programs available through the health plan.



Cigna Global Medical Plan

Leidos provides a medical plan for U.S. expatriate employees and their dependents remaining stateside through Cigna Global Health Benefits.

Participants in the Cigna Global Plan can receive medical care from any provider. The chart below highlights plan features.

| Outside the U.S. | |
|-----------------------------------|-----------------------|
| Annual Deductible | \$200/\$400 |
| Out-of-Pocket Maximum | \$1,250/\$2,500 |
| Co-insurance | 85% |
| Hospitalization | \$200 copay, then 85% |
| In-Network in the U.S. | |
| Annual Deductible | \$1,000/\$2,000 |
| Out-of-Pocket Maximum | \$2,000/\$4,000 |
| Co-insurance | 80% |
| Hospitalization | \$250 copay, then 80% |
| Out-of-Network in the U.S. | |
| Annual Deductible | \$2,000/\$4,000 |
| Out-of-Pocket Maximum | \$4,000/\$8,000 |
| Co-insurance | 60% |
| Hospitalization | \$250 copay, then 60% |

For more information about the Cigna Global Plan, refer to the Benefits Summary Plan Description web site at <https://benefits.leidos.com>.

TELEHEALTH

If you are enrolled in the Cigna Global medical plan, you have access to global telehealth through the Cigna Wellbeing App. Telehealth gives you access to licensed doctors around the world – by phone or video – for nonemergency health issues. Simply arrange a telephone or video consultation from your Cigna Wellbeing app.

OMADA DIABETES PROGRAM

Omada is a personalized health program that helps members create healthier lifestyles through one-on-one personal coaching and the tools they need to make long-lasting changes. The Omada program is a digital lifestyle change tool with a focus on achieving sustainable weight loss for pre-diabetics. The program includes an integrated wireless scale, online curriculum and learning tools, coach interaction by chat/text, and peer group support.

To qualify for the program, the member needs to:

- ▶ Reside in the U.S.
- ▶ Have a high BMI
- ▶ Have pre-diabetes/pre-diabetes risk factors

Members apply for the program at omadahealth.com/omadaforcignaglobal.

CIGNA GLOBAL VISION COVERAGE

Vision coverage is included in the Cigna Global medical plan. The chart below highlights plan features.

| Global Vision Plan | | | |
|---|--|--------------------------------|------------------------|
| | International (Outside of the U.S.) | U.S. In-Network | U.S. Out-of-Network |
| Examinations One every 12 consecutive months | 100% not subject to deductible | 100% not subject to deductible | |
| Lenses and Frames or Contacts One every 12 consecutive months | 100% not subject to deductible | 100% not subject to deductible | |
| Hardware Maximum Benefit | \$200 | | |

CIGNA ENVOY MOBILE APP

Cigna Global Health Benefits®, knows it's important to stay connected. Cigna Envoy mobile app allows you to Locate nearby health care professionals and facilities and get directions delivered via Google Maps, submit claims by taking a photo with your Android or Apple mobile device and sending it through the app, manage and track the status of pending claims, download or send an electronic version of your membership card and contact Cigna directly via the app with the tap of a finger.



Cigna Wellbeing app

Taking care of yourself is easier than ever. Wherever you are, you'll have access to services and support to help you with every dimension of your health.

Download it today!





Dental

Good dental health is important to your overall health and well-being. Leidos offers you a choice when it comes to the type of dental plan that works best for you and your family. Depending on where you live, you may be able to choose the Delta Dental PPO Low option, Delta Dental PPO High Option, or a DMO administered by Aetna. All three plans provide coverage for:

- ▶ Preventive care and diagnostic services, such as exams, cleanings, and X-rays
- ▶ Basic restorative and major services, such as fillings, crowns, and dentures

See the below comparison chart for details on **in-network** coverage.

Dental Plan Comparison Chart

| Covered Services | Delta Dental PPO Low Option | Delta Dental PPO High Option | Aetna DMO* |
|--------------------------|-----------------------------|------------------------------|-----------------------|
| Deductible (Per Person) | \$50 | \$50 | \$0 |
| Annual Maximum Benefit | \$1,000 | \$2,000 | N/A |
| Preventive Services | 100% | 100% | 100% |
| Basic Services | 80% | 90% | Copay \$0-\$240 |
| Major Services | 50% | 60% | Copay \$10-\$403 |
| Orthodontia Coverage | Not Covered | 50% | Flat Rate |
| Orthodontia Lifetime Max | Not covered | \$2,000 per Child/Adult | Member Copay: \$2,000 |

A complete description of the dental plan options is available on the Benefits Summary Plan Description website at <https://benefits.leidos.com>.

**If you intend to enroll in Aetna DMO, you must choose a primary dentist when you enroll.*



DELTA DENTAL

Under the Delta Dental PPO Low and Delta Dental PPO High plans, you have access to both of Delta's PPO and Premier networks. Thus, you have a wider selection of in network dentists. However, note that you will generally have a higher out-of-pocket cost if you see a dentist in the Delta Dental Premier network. For more information and to find an in-network dentist, visit deltadentalva.com/members/leidos.

Prevention First Program

Your preventive care and diagnostic services (typically X-rays, exams and cleanings) do not count against your Delta Dental annual benefits maximum. This means that the costs for preventive care are excluded from your annual allowance.

Delta Dental's Special Health Care Needs Benefit

Members with special health care needs such as physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires specialized services or programs may receive additional benefits:

- ▶ **Extra exam** benefit for additional consultations with the dentist to help the member understand what to expect prior to treatment
- ▶ **Up to four** dental cleanings per year
- ▶ **Treatment delivery modification including anesthesia** for patients with sensory sensitivities, behavioral challenges and severe anxiety

Visit <https://deltadentalva.com/special-health-care-needs-resources> for instructions on how to utilize this benefit.

AETNA DMO

Employees and dependents who enroll in the DMO plan will have access to a limited network of providers and must choose a primary care dentist in order to have services covered. Each covered person may select his or her own primary care dentist. This primary care dentist will provide all routine dental care and will refer the participant to a network specialist whenever specialty care is needed.

If a participant receives dental care without going through his or her primary care dentist first, or if the participant's care is not authorized by the plan, the Aetna DMO will not pay any benefits. The participant will pay the full cost of any out-of-network or unauthorized care. Please note that limited out-of-network coverage is available in Connecticut, Illinois, Kentucky, Massachusetts and Ohio.

Choosing a Primary Care Dentist

Employees and each dependent must select a primary care dentist from Aetna DMO's network of providers. Each member can change his or her primary care dentist at any time during the year. To select or change a primary care dentist, a member can call the Aetna Member Services number on the back of their ID card.

Cigna Global Dental

Leidos provides a dental plan for U.S. expatriate employees and their eligible dependents remaining stateside through Cigna Global Health Benefits. The chart below highlights plan features.

| Global Dental Plan | | |
|--|--|------------------------------------|
| Calendar Year Maximum Combined for: Class I Class II Class III | | \$1,500 |
| Lifetime Class IV Maximum | | \$1,500 |
| Calendar Year Deductible Combined for: Class II Class III | | \$25 Individual / \$75 Family |
| Class I | Preventive Care For diagnostic and preventative services including: <ul style="list-style-type: none"> ▶ Oral Exam -2 Per Person Per Year ▶ Cleanings -2 Per Person Per Year ▶ Bitewing X-rays - 2 Per Person Per Year ▶ Fluoride Applications -1 Per Person Per Year (Up to age 19) ▶ Sealants -1 Per Person Per 3 Years Diagnostic X-rays -Unlimited Full Mouth / Panoramic X-rays -1 Per Person Per 3 Years | 100% not subject to deductible |
| Class II | Basic Restorative <ul style="list-style-type: none"> ▶ For Basic Restorations ▶ Endodontics ▶ Periodontics ▶ Prosthodontics Maintenance ▶ Oral Surgery ▶ Fillings ▶ Root Canal ▶ Periodontal Scaling and Root Planing Repair to Bridgework and Dentures | 80% after deductible |
| Class III | Major Restorative For Major Restorations: | 50% after separate \$50 deductible |
| Class IV | Orthodontia Children and Adults | 50% after separate \$50 deductible |



Vision

To help you see your best, Leidos offers vision coverage through Vision Service Plan (VSP). The plan options are designed to provide a variety of eye care services.

See the below comparison chart for coverage details.

| | VSP Basic | | VSP Plus | |
|---|---|---|---|---|
| | VSP Provider | Non-VSP Provider | VSP Provider | Non-VSP Provider |
| Examination | | | | |
| Routine WellVision Exam | \$20 Copay for exam and glasses | up to \$45 | \$20 Copay for exam and glasses | up to \$45 |
| Contact Lens Exam (fitting and evaluation) | Up to \$60 Copay | N/A | Up to \$60 Copay | N/A |
| Frequency: | Every Calendar Year | | Every Calendar Year | |
| Lenses | | | | |
| Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses Lenticular | Included in \$20 exam copay | Up to \$30 Up to \$50 Up to \$65 Up to \$100 | Included in \$20 exam copay | Up to \$30 Up to \$50 Up to \$65 Up to \$100 |
| Frames | | | | |
| Frequency: | Every Calendar Year | | Every Calendar Year | |
| Wide selection of frames Featured Frame brands/VisionWorks Walmart®/Sam's Club®/Costco® Savings on the amount over your allowance | Included in \$20 exam copay | Up to \$70 | Included in \$20 exam copay | Up to \$70 |
| | \$150 Allowance | | \$150 Allowance | |
| | \$200 Allowance | | \$200 Allowance | |
| | \$150 Allowance | | \$150 Allowance | |
| LightCare Program (Allows members to use frame allowance towards ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts. Not available at Walmart® or Sam's Club®) | \$150 Allowance | Up to \$70 | \$250 Allowance (inclusive of EasyOption Allowance) | Up to \$70 |
| Featured Frame Brands | \$50 in addition to LightCare frame allowance | Up to \$70 | \$50 in addition to LightCare frame allowance | Up to \$70 |
| Contact Lenses (in lieu of glasses) | | | | |
| Elective Contact Lenses | \$150 Allowance | Up to \$105 | \$150 Allowance | Up to \$105 |
| Medically Necessary Contact Lenses | Included in \$20 exam copay | Up to \$210 | Included in \$20 exam copay | Up to \$210 |
| Frequency: | Every Calendar Year | | Every Calendar Year | |
| VSP EasyOptions* | | | | |
| | N/A | N/A | Each covered plan member may select one of these enhancements when purchasing their eyewear: ▶ Additional \$100 frame allowance ▶ Additional \$100 contact lens allowance ▶ Fully-covered premium or custom progressive lenses ▶ Fully covered anti-reflective coating ▶ Fully-covered light-reactive lenses | N/A |

*EasyOptions upgrade must be selected at the time eyewear materials are ordered. The selected upgrade must be consistent with the eyewear materials ordered (glasses or contact lenses). If you purchase eyewear materials from Costco, the EasyOptions feature will be forfeited and will not be available to redeem at other providers.

| | VSP Basic | | VSP Plus | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| | VSP Provider | Non-VSP Provider | VSP Provider | Non-VSP Provider |
| Covered Lens Enhancements | | | | |
| Standard Progressive Lenses | Covered | Up to \$50 | Covered | Up to \$50 |
| Polycarbonate for children | Covered | N/A | Covered | N/A |
| Non-Covered Lens Enhancements | | | | |
| Other Add-ons & Services (Costco, Walmart and Sam’s Club prices already reflect any available savings. Members will pay the Usual and Customary fees applicable at these stores.) | Average savings of 30% | N/A | Average savings of 30% | N/A |
| Supplemental Essential Medical EyeCare (EMEC) Plan | | | | |
| Retinal screening for members with diabetes | \$0 Copay | N/A | \$0 Copay | N/A |
| EMEC provides supplemental coverage for urgent and medical eye care. The program provides additional exams and services beyond routine care to treat immediate issues or to monitor ongoing conditions. This includes symptoms such as pain in or around the eyes, transient loss of vision and ocular trauma. | \$20 Copay per exam* | N/A | \$20 Copay per exam* | N/A |
| Examples of conditions which may require management under the EMEC plan include diabetic eye disease, ocular hypertension, glaucoma, cataracts and macular degeneration. | | | | |
| Frequency: | As Needed | | As Needed | |
| Laser VisionCare Preferred Program | | | | |
| Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. | \$100 allowance per eye | \$100 allowance per eye | \$100 allowance per eye | \$100 allowance per eye |
| Frequency: | Once Per Lifetime | | Once Per Lifetime | |
| Additional Discounts & Savings | | | | |
| 20% off additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor within 12 months of your last WellVision Exam. Routine Retinal Screening, no more than a \$39 copay as an enhancement to a WellVision Exam. Not available at Costco®, Walmart® or Sam's Club®. | | | | |

*If you have medical coverage and your eye doctor participates in your medical plan network, the eye doctor will process your EMEC claim through your medical plan first and VSP will supplement that coverage. If you do not have medical coverage or if your eye doctor does not participate in your medical plan network, you will pay the \$20 copay and the EMEC claim will be processed under the VSP plan.

You can learn more about the vision plan on the Benefits Summary Plan Description website at <http://benefits.leidos.com>.

Flexible Spending Accounts (FSAs)

Leidos offers the following FSAs through HSA Bank:

- ▶ Limited Purpose (LPFSA)
- ▶ Healthcare FSA
- ▶ Dependent (Daycare) FSA

HOW THE FSAs WORK

- ▶ The FSA has an annual pre-tax contribution limit of:
 - \$3,200 for the Healthcare and Limited Purpose FSAs
 - \$2,500 for married couples filing separately or \$5,000 for single or married employees filing tax returns jointly for the Dependent (Daycare) FSA
- ▶ You decide how much to set aside for eligible healthcare or dependent care expenses for 2025.
- ▶ You must re-enroll every year to participate.
- ▶ Estimate carefully, because you can only change the amount you contribute to your FSA if you have a qualified change in family status during the year. Funds can only be used for 2025 expenses. Remaining balances in excess of the \$640 carry-over at the end of the plan year will be forfeited. You have until April 30, 2026, to file claims for 2025.
- ▶ Money is taken from your pay pre-tax, which lowers your taxable income. You'll never be taxed on the money you use for eligible expenses.
- ▶ You can have your FSA reimbursements deposited directly into your bank account.

HSA Bank (**NEW** for 2025) administers the FSA for Leidos. To view your FSA information online, register at <https://myaccounts.hsabank.com>. You'll need to verify your employee status, confirm your contact and demographic information, and create a user name and password.

Take Note! Carry-Over Feature

Don't forget you are able to carry over up to \$640 of your unused Limited Purpose FSA or Healthcare FSA balance remaining at the end of the year into 2026. The carry-over feature helps you avoid losing unused money at the end of the year!

HSA Bank Contact Info

- Client Assistance Center Phone: 1-877-851-5276
- Email: askus@hsabank.com
- Member Portal: <https://myaccounts.hsabank.com>

| Limited Purpose FSA (HSA-Compatible) | Healthcare FSA |
|---|---|
| <ul style="list-style-type: none">▶ Use it when you have an HSA▶ For eligible dental and vision expenses▶ For medical and prescription drug expenses after you meet the deductible (Contact HSA Bank if you meet the deductible to find out what you will need to provide to begin using your account for eligible medical and prescription drug expenses.) | <ul style="list-style-type: none">▶ Use it if you're not enrolled in a Healthy Focus plan with an HSA▶ For eligible medical, prescription drug, dental and vision expenses |

For more information on FSAs and eligible expenses, visit <https://hsabank.com/QME>.

DEPENDENT (DAYCARE) FSA

You can set aside money on a pre-tax basis up to the IRS maximum of \$5,000 to pay for eligible dependent day care expenses for qualified dependents.

Under the Dependent (Daycare) FSA, a qualified dependent is:

- ▶ A child under age 13 whom the participant claims as a dependent on his or her federal income tax return,
- ▶ A participant's spouse who is physically or mentally incapable of self-care, or
- ▶ Any other dependent who is physically or mentally incapable of self-care, whom the participant claims as a dependent on his or her federal income tax return, and who normally spends at least eight hours in the participant's home each day.



Your Health and Well-Being

PERSONIFY HEALTH (FORMERLY VIRGIN PULSE) WELL-BEING PROGRAM

On January 1, 2025, Virgin Pulse – the company that powers our well-being program – is becoming Personify Health. Because health is personal, Personify Health reflects our commitment to you, placing you front and center as the hero on your own journey. Find everything you need in one place so you can be the best version of yourself, learning and growing along the way.

The Personify Health well-being program supports you and your spouse/ domestic partner if applicable, on your journey to your best health and well-being by guiding you through small, everyday changes that are focused on the areas you want to improve the most. When you stick to the program, you'll build healthy habits, have fun with coworkers, and experience the lifelong rewards of better health and well-being. In addition, by checking in on your health and completing fun activities, you'll earn points towards great rewards.

Within the well-being program, there are four levels each with different rewards. To earn points towards rewards, start by taking your annual Health Assessment, the Leidos Integrity Pledge, and the Leidos Mission, Vision and Values – all three are required for Leidos employees to earn any incentives. Next you can navigate to the 'How to Earn' page to see a full list of point earning opportunities on the platform. This page will be updated throughout the year, so keep checking in for new activities that interest you.

The well-being program is a voluntary program offered to U.S. benefits-eligible employees, including U.S. expatriates and consulting employees, and their spouse/ domestic partner.

Coaching Services

Coaching services are available through the Personify Health platform. This feature provides members with expert person-to-person support for lifestyle, health, chronic condition management, and benefits navigation. Partnering with a Health Coach is like having a partner, cheerleader, confidant and guide—all on the side of members to help them meet their wellbeing goals. Whether you are looking to better manage stress, lose weight or run their first 5k, a health coach partners with you to provide support and guidance to overcome your barriers and meet your well-being goals.

Tobacco Cessation Coaching

Kicking a tobacco habit can be difficult, especially if you try to do it alone. Personify Health and Leidos can help—Tobacco Cessation Coaching offers many resources to support you, including telephonic coaching to help you quit smoking!

As part of the telephonic coaching experience with a Personify Health coach, each participant will engage in a personalized cessation plan to prepare them for change and explore issues surrounding tobacco use. The duration and call frequency is based on participant-related factors, but tobacco cessation coaching typically lasts six months with an average of one call per month.

Setting Up a Coaching Call

- ▶ On both web and mobile, Coaching can be found within the Health Domain.
- ▶ Select Tobacco Free.
- ▶ A scheduler will appear with available appointment times.
- ▶ After setting up your appointment, navigate back to the Coaching page and see both past and upcoming appointments. To cancel an appointment, members will click on the coaching appointment select the "Cancel Appointment" option.

2025 Incentive Schedule

| Levels | Total Points | Reward | |
|---------|--------------|--|--|
| | | Employees enrolled in a Healthy Focus medical plan AND HSA | All other eligible Leidos employees*** and all spouses/domestic partners (Includes Employees who waive Leidos medical coverage; OR Employees enrolled in a Healthy Focus medical plan but not the HSA, or enrolled in Triple S, Kaiser, HMSA, Tricare Supplement, or Cigna Global) |
| Level 1 | 7,000 | \$50 HSA Contribution* | \$50 Rewards Cash** |
| Level 2 | 25,000 | \$100 HSA Contribution* | \$100 Rewards Cash** |
| Level 3 | 40,000 | \$150 HSA Contribution* | \$150 Rewards Cash** |
| Level 4 | 60,000 | \$200 HSA Contribution* | \$200 Rewards Cash** |

*If you have reached the required point level to receive an HSA Contribution reward, it can take up to 60 days to process the reward.

**Rewards Cash can be redeemed in the Personify Health platform to purchase a wide range of health & wellness products such as compatible fitness trackers and fitness training accessories. Members can also transfer their Rewards Cash to a gift card from the Personify Health Store or donate Rewards Cash to a charitable cause.

*** Consulting Employees (CEs) can participate in the well-being program offerings but are not eligible for rewards.

The 2025 program will start on January 1, 2025. To start earning points toward rewards, log into the Personify Health website at <https://personifyhealth.com/> on or after January 1 and start tracking your healthy habits.

The well-being program is a voluntary benefit administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disability Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable. For more information, refer to the **Equal Employment Opportunity Commission (EEOC) Notice for Employer-Sponsored Wellness Programs**.

KEY THINGS TO KNOW

- ▶ You don't have to be enrolled in a Leidos medical plan to participate in the Personify Health well-being program and earn incentives!!
- ▶ In order for your spouse/domestic partner to participate, you must link him/her to the well-being benefit when completing your enrollment in Workday.



COMPSYCH EMPLOYEE ASSISTANCE PROGRAM (EAP)

The ComPsych Employee Assistance Program (EAP) is available to all Leidos, Inc. global employees and their family members 24 hours a day, 365 days a year, at no cost. The program offers FREE support and guidance during uncertain times that can assist with all areas of your life including mental health and well-being, financial and legal concerns, and eldercare and childcare resources and education. Your use of the program and any information you share is confidential, except when your safety or the safety of another individual may be at risk.

When you call ComPsych a professional counselor will speak with you about your concerns and offer a variety of services, including:

- ▶ Counseling (virtual and in-person) for stress, family difficulties, depression and anxiety, chemical dependency, crisis situations, or any other personal or family problem. The ComPsych program provides up to eight (8) face-to-face counseling sessions, per issue, per year, at no cost.
- ▶ Work/life assistance for child and elder care resources and guidance, adoption assistance, reviewing schools and colleges, tutoring, pet sitting, and a wide range of other resources
- ▶ Consultation with a certified financial counselor for debt management and consolidation, budgeting, identity theft, credit report review or correction, information on mortgages, loans or other financial arrangements, and college or retirement planning
- ▶ Legal consultation (over the phone or in-person) for consumer law, traffic citations, family law, estate planning, and other personal law issues

| FAMILY RESOURCE | LEGAL CONNECT | FINANCIAL CONNECT |
|---|---|---|
| In-house work-life expert consultations | Consultations with in-house legal experts | Consultations with in-house financial experts |
| <ul style="list-style-type: none"> ▶ Child care ▶ Elder care ▶ Education ▶ Personal convenience ▶ Moving/relocation ▶ Pet care ▶ Customized referral packets; full research and availability checks ▶ Child and elder care research and consults outside North America ▶ Cross-referral to company benefits or emotional health support ▶ Online content and training resources | <ul style="list-style-type: none"> ▶ Family law ▶ ID theft ▶ Custody ▶ Real estate ▶ Contracts ▶ Tax questions ▶ In-country legal experts for all countries outside North America ▶ Cross-referral to company benefits or emotional health support ▶ Online content relevant to each country | <ul style="list-style-type: none"> ▶ Budgeting ▶ Debt ▶ Credit ▶ Tax issues ▶ Retirement planning ▶ Real estate ▶ Estate planning ▶ Saving for college ▶ In-country legal experts for all countries outside North America ▶ Cross-referral to company benefits or emotional health support ▶ Online content relevant to each country |

In addition to the services listed above, you and your household dependents also have access to a Computerized Cognitive Behavioral Therapy (CCBT) program, which offers alternative access to behavioral healthcare in the form of interactive self-care and emotional health tools and resources to help you tackle common challenges such as stress, depression, poor sleep, low self-esteem, worry, anxiety, and more. These guided programs can help you reduce personal roadblocks, eliminate stress, and overcome mental barriers. This user-friendly program is quick, easy and effective, and available on the mobile app, tablet, and desktop.

To access ComPsych services, call 866-365-0853 or visit the website at www.guidanceresources.com. To register on the website, use the Leidos dedicated WebID: Leidos.

HEADSPACE FOR WORK

Headspace is meditation made simple, teaching you life-changing mindfulness skills in just a few minutes a day. Headspace can make your everyday just a little bit better by helping you get happy, stress less, and sleep soundly. You can learn the life-changing skills of meditation and mindfulness through simple exercises and expert guidance.

Activate Your Free Subscription – Get started at work.headspace.com/leidos/member-enroll (for best results, use Chrome or Firefox; not Internet Explorer)

- ▶ **Log in** by going to work.headspace.com/leidos/member-enroll and create a new account (or enter your existing credentials if you already use Headspace).
 - When asked to verify you are on the Leidos "team," enter your Leidos Employee ID. Please include all leading 0's.
- ▶ **Verify** your account with the email you receive from Headspace in your Leidos mailbox.
 - The verification message will come from Headspace (service@mail.headspace.com).

For assistance enrolling, contact teamsupport@headspace.com.

MEQUILIBRIUM

Leidos partners with meQuilibrium (meQ), a digital resilience training program that makes it easy to prioritize mental well-being and helps participants learn ways to reduce stress and have more energy, focus, and control. This benefit is available to all global Leidos employees at no cost.

What is meQ?

meQ is a personalized and confidential resilience building platform designed to help you build the mental and emotional strength to face each day with confidence.

meQ helps people understand the thinking patterns and lifestyle habits that cause them to feel overwhelmed, anxious, or at risk of burnout. The personalized program delivers a guided step-by-step approach to help build resilience and manage challenging situations. Through meQ's digital and live training experiences, you learn new skills or improve current strengths through daily content, activities, and short videos.

Once you enroll and complete your **assessment** you'll see your meQ dashboard (on both web and phone app). The dashboard is home to your personalized action plan with interactive lessons, activities and readings. meQ can help you **with**: reducing loneliness and staying connected to others; managing work/life balance; calming excessive worry and anxiety; doing your best as a parent; and more.

How to Get Started:

- ▶ Enroll at: getmeQ.com/leidos.
 - Enter your Employee ID (including any leading zero's, if applicable) and Last Name.
 - If you do not know your employee ID number, you can find it in your timesheets in Deltek, in your profile on Prism, on your employee pay stub, or in the Leidos HR system (Workday).
- ▶ Complete the assessment. Immediately gain insights into your stress personality, thinking patterns, and lifestyle habits that cause you to feel overwhelmed. It takes 10-15 minutes!
- ▶ Start your personalized program where you'll be guided step-by-step through the program to learn new skills through activities and short videos.
- ▶ Download the meQ app and sign in using the credentials you set up during registration. Get quick access to daily stress-busting tips and inspiration whenever and wherever you need it.

For questions and assistance, please contact meQ via email at support@mequilibrium.com.

Your Money

Life Insurance

Leidos offers several types of financial protection for participants and their families, administered by Prudential, including Basic Life insurance, Group Universal Life Insurance (GUL), and Optional Dependent Life. Leidos also provides the following additional benefits: Basic Accidental Death & Dismemberment (AD&D) and Voluntary AD&D for you and your dependents, both of which are administered by New York Life (formerly Cigna), and Business Travel Accident (BTA) Insurance.

To learn more, visit the Benefits Summary Plan Description website at benefits.leidos.com.

BASIC LIFE INSURANCE

If you are eligible, you will automatically receive Basic Life insurance for yourself. The amount of your Basic Life insurance coverage is equal to one times your annual base salary to a maximum of \$1,000,000. Employees with a salary less than \$50,000 will receive a flat \$50,000 in coverage. Employees with a salary greater than \$50,000 annually receive 1x annual base salary or choose a flat \$50,000 of coverage. Leidos pays the full cost of basic life.

Basic Life benefit amounts over \$50,000 are subject to income tax. The income tax amount added to your W-2 is calculated based on the value of the coverage amounts over \$50,000 multiplied by the IRS' Group Term Life Insurance Premium Table included in Publication 15-B. This is called "imputed income."

When you attain age 70, coverage will be reduced by 35%.

Basic Life insurance includes dependent life in the amount of \$2,000 per eligible dependent.

GROUP UNIVERSAL LIFE INSURANCE (GUL)

You can purchase GUL insurance for yourself – from one times to eight times annual base salary, up to a \$4 million maximum benefit.

GUL insurance provides benefits that go beyond term life insurance. GUL helps protect your family and builds a secure financial future. In addition to providing a life insurance benefit for your loved ones, it features a Cash Accumulation Fund (CAF) that allows you to earn interest on a tax-deferred basis.

You can:

- ▶ **Earn guaranteed interest.** The CAF has a guaranteed interest rate of 4 percent.
- ▶ **Keep it even after your employment with Leidos ends.** Insurance can continue under certain circumstances at the full coverage amount up to age 100, on a direct-billed basis.
- ▶ **Enjoy tax benefits.** Earnings and interest credited on contributions to the CAF are tax-deferred. The death benefit (typically the face amount of insurance plus the CAF) is generally income tax-free to beneficiaries.
- ▶ **Access funds easily.** You can take loans or make withdrawals from the CAF at any time and for any reason. You can also use the CAF to pay premiums or purchase fully paid up coverage.
- ▶ **Qualify for special benefits if you become disabled or terminally ill.** The Waiver of Premium provision for qualifying disabled employees and the Accelerated Benefit Option for terminally ill employees provide extra support when it's needed most.

Did you know you can also make a payment directly to your CAF via personal check?

To do so, contact Mercer, the CAF administrator, at 855-735-4873. You will be asked to verify your name, SSN, date of birth, plan number (52844) and the amount you would like to deposit via check.

GUL Evidence of Insurability (EOI):

- ▶ If you previously waived coverage or are currently enrolled in GUL you may increase your coverage by one level as long as the total benefit does not exceed the lesser of three times your annual base salary or \$500,000, without satisfying Evidence of Insurability (EOI).

DEPENDENT LIFE INSURANCE

If you are enrolled in Group Universal Life (GUL), you also have the option to purchase dependent life insurance for your eligible dependents. You pay the full cost for this coverage, post-tax.

You can purchase coverage for:

- ▶ Your spouse/domestic partner. Coverage options are \$10,000, \$25,000, \$50,000, \$100,000, \$150,000, \$200,000, \$250,000, or \$300,000.
- ▶ Your dependent child(ren). Coverage options are \$5,000, \$10,000 or \$25,000.

Evidence of Insurability (EOI):

- ▶ If you previously waived coverage or are currently enrolled in Spouse Life, you may increase your coverage by one level up to \$25,000, without satisfying EOI.
- ▶ EOI is not required for coverage increases or new enrollments for child life.



Note:

- ▶ You must be actively at work before any new or increased Group Universal Life (GUL) will become effective.
- ▶ Your dependents must be non-home or hospital confined due to illness or injury before any new or increased Optional Dependent Life coverage will become effective.
- ▶ Coverage is not available to your spouse or registered domestic partner if they are also employed by Leidos.
- ▶ To qualify for coverage under the Leidos life insurance programs, a stepchild must reside with the participant.
- ▶ To qualify for coverage under the Leidos life insurance programs, a registered domestic partner's child must reside with the participant and be born to or legally adopted by the registered domestic partner.

To learn more, visit the Benefits Summary Plan Description website at <https://benefits.leidos.com>.

Accidental Death and Dismemberment (AD&D) Insurance

BUSINESS TRAVEL ACCIDENT INSURANCE

Leidos provides all eligible employees with Business Travel Accident (BTA) Insurance in the amount of three times annual base salary, up to a maximum benefit of \$500,000. This plan pays a benefit in the event that you die as a result of an accident while traveling on company business.

BASIC AD&D

Basic AD&D provides coverage to your beneficiary if you die as the result of an accident. If you are injured as the result of an accident, you will receive a percentage of your coverage based on your injury.

Eligible employees will automatically receive Basic AD&D coverage equal to one times your annual base salary, to a maximum of \$250,000, rounded to the next higher \$1,000. Leidos pays the full cost of Basic AD&D.

VOLUNTARY AD&D

You can purchase additional AD&D insurance for yourself and your dependents in amounts equal to one-half of your pay up to 10 times your annual base salary, to a maximum of \$1,000,000. You pay the full cost of this coverage, pre-tax.

Medical Benefits Abroad (MBA)

The Cigna Healthcare Medical Benefits Abroad (MBA) plan provides coverage for unexpected injuries and illnesses that may occur, for business travelers on international trips, outside your country of residence or permanent assignment, with a calendar Year Medical Benefit Maximum of \$500,000 per employee. Leidos pays the full cost of the MBA program.

Disability Coverage

SHORT-TERM DISABILITY (STD)

Short-Term Disability insurance provides income replacement if you are unable to work because of a medical condition, including pregnancy. The Leidos STD program is made up of 3 components that work together to replace a percentage of your pay in the event of disability:

1. Disability Sick Leave (DSL) – automatically provided by Leidos at no cost to employees.
2. Voluntary Short-Term Disability Insurance (VSDI) – elected and paid by employees.
3. State-Mandated Disability and Paid Medical Leave programs.

Disability Sick Leave

DSL is a company-paid benefit, which provides employees with income replacement as part of an approved STD claim. Eligible employees are credited up to 10 days (80 hours) of DSL upon date of hire and on each employment anniversary (DSL is pro-rated for part-time employees). You may accrue up to a maximum of 1,560 hours (195 days) of DSL. DSL works in conjunction with VSDI and any state-mandated disability benefit to replace up to 100% of your pay.

Note that if you do NOT elect VSDI or qualify for any state-mandated disability program, all disability payments will come from and will be limited to the amount of DSL hours you have accrued and may not support a long period of disability. If you elect VSDI, 20% of your total income replacement will come from your accrued DSL hours and the other 80% will come from VSDI, offset by any applicable state disability or paid medical leave payments. (See STD Payment Schedule on the next page).

Voluntary Short-Term Disability Insurance (VSDI)

Eligible employees may purchase additional disability coverage through VSDI. This plan coordinates with DSL and any state-mandated programs to replace up to 100% of your pay. VSDI can be important to purchase if you do not have a significant DSL balance. VSDI typically covers 80 percent of your monthly STD benefit.

State-Mandated Disability and Paid Medical Leave Programs

If you are located in the following states, you may be eligible for state-mandated plans:

- ▶ California
- ▶ Colorado
- ▶ Commonwealth of Puerto Rico
- ▶ Connecticut
- ▶ Hawaii
- ▶ Massachusetts
- ▶ New Jersey
- ▶ New York
- ▶ Oregon
- ▶ Rhode Island
- ▶ Washington
- ▶ Washington DC

DSL and VSDI coordinate with state-mandated plans. This means that state plans pay first and DSL/VSDI pay the remainder of your disability benefits.

STD PAYMENT SCHEDULE

The table below illustrates how VSDI integrates with DSL and state-mandated disability plans. Note that disability payments are paid through the 26th week of disability not to exceed 180 days. DSL and VSDI payments begin on:

- ▶ The first day of disability, if you are hospitalized on the first day and charged the full daily rate
- ▶ The eight calendar day of a disability if you are not hospitalized

| Period of Disability | Total Pay (From All Sources) | VSDI (Integrated with state plan, if applicable) | DSL Portion |
|----------------------|---------------------------------|--|---------------------------|
| Week 1 | 0% (7-day waiting period) | 0% (7-day waiting period) | 0% (7-day waiting period) |
| Weeks 2 - 10 | 100% of regular weekly wages | 80% (to a maximum weekly benefit of \$4,808)* | 20%, as available |
| Weeks 11 - 19 | 80% of regular weekly wages | 80% (to a maximum weekly benefit of \$3,846)* | 20%, as available |
| Weeks 20 - 26* | 66 2/3% of regular weekly wages | 80% (to a maximum weekly benefit of \$3,202)* | 20%, as available |

*Typically, VSDI covers 80% of the benefit and the remaining 20% is provided by DSL. If you do not enroll in VSDI, all benefits will be paid from your available DSL balance and your state's plan, if applicable.

Note: You must be actively-at-work on the effective date of coverage in order to be covered under the Leidos STD plan.

LONG-TERM DISABILITY

Voluntary Long-Term Disability (LTD) insurance is designed to provide you with income if you become disabled and cannot work for six consecutive months or longer. LTD is insured and administered by New York Life. If elected, LTD begins after you have been disabled for more than 26 weeks and approved by the insurance carrier. The benefit will pay up to 60 percent of your covered monthly annual base salary to a maximum monthly benefit of \$14,500.

Pre-Existing Condition Limitation (New Hires and Newly-Eligible Employees)

If you file a claim within 12 months of coverage, LTD benefits will not be paid for any disability caused by, contributed to or resulting from a pre-existing condition that is diagnosed or treated within a three-month period before the LTD coverage effective date.

Pre-Existing Condition Limitation (Late Entrants)

Late entrants are employees who did not enroll in LTD when first eligible. If you are a late entrant who files a claim within 24 months of coverage, LTD benefits may not be paid for any disability caused by, contributed to or resulting from a pre-existing condition that is diagnosed or treated within 12 months before the LTD coverage effective date.

LTD Actively-at-Work Provision

If you are on STD prior to January 1, 2025 and currently do not have LTD coverage under NYL, you are eligible to participate in Open Enrollment and will be able to elect LTD. However, your coverage will not be effective until you return from leave and actively working. You will not be charged premiums until your coverage is active (i.e. when you return from leave).

Retirement: 401(k) Plan

Leidos cares about your financial well-being, which includes having the financial resources to enjoy life once you retire. The 401(k) Plan helps you prepare for retirement. You can grow your account by making contributions and receiving matching contributions (if eligible) from the company in the 401(k) Plan. You decide how to invest your account, and your investments may grow tax-free until you take money out of the plan.

Please note: You may enroll, start contributions, change or stop contributions to the 401(k) Plan at any time, not just during Open Enrollment. Also, please take this time to ensure that your beneficiaries are up-to-date in this plan as 401(k) beneficiary designations are separate from life insurance and other benefits!

PLAN HIGHLIGHTS

| | |
|--|--|
| Who is eligible | All employees on U.S. payroll (Bargained employees: Participation is subject to the terms and conditions of your collective bargaining agreement.) |
| How you can save | <p>You can contribute 1% to 100% of your base pay (up to IRS limits) on a pre-tax, Roth after-tax, traditional after-tax basis, or any combination thereof. You can also contribute additional catch-up contributions, up to IRS limits, if you are age 50 or older in 2025. Additional enhanced catch-up contributions will be available for those age 60-63.</p> <p>Bargained employees only: Plan features are subject to the terms of your collective bargaining agreement and may allow for contributing 1% to 5% of your CODA, if applicable.</p> |
| Matching contributions | <p>In general, Leidos will match dollar for dollar for each paycheck in which you contribute on a pre-tax or Roth after-tax basis, up to the first 6% of your base salary, inclusive of paid time off and holiday pay. The match is always given on a pre-tax basis.</p> <p>Under certain contracts or negotiations, you may be ineligible for a match, or the match may be reduced to 50% on the first 6% of your annual base salary deferred.</p> <p>Eligibility for the company match is based on fringe codes.</p> |
| Vesting | You are always 100% vested in – have full rights to – any contributions you make to the 401(k). In addition, effective 1/1/2025, all Leidos company matching contributions are immediately 100% vested in the Plan. Employees who terminate on or before December 31, 2024 will remain on the previous 3-year vesting schedule in place at the time of their separation. |
| Traditional after-tax contributions | <p>Traditional after-tax contributions allow you to save above the IRS pre-tax and Roth limit. You can find the 2025 limits at vanguard.com/contributionlimits. Traditional after-tax contributions are not eligible for the company match.</p> <p>Traditional after-tax contributions are an excellent way to save additional money, after maximizing your match, for “rainy-day/emergency” funds instead of taking a loan or hardship withdrawal, as you have the ability to withdraw your after-tax contributions at any time, regardless of age or employment status. You can also convert your traditional pre-tax and after-tax balances to Roth via the Vanguard in-plan Roth conversion feature.</p> |
| Investing your account | Vanguard offers an investment lineup with a diverse selection of funds to choose from, including Leidos Common Stock. You have access to online and phone support through Vanguard for managing your account, plus additional resources to help with investment decisions and planning for retirement. |
| Getting money from your account | <p>In general, your vested account balance is available to you:</p> <ul style="list-style-type: none">▶ If you retire or terminate employment with the company▶ Through plan loans▶ Through in-service traditional after-tax withdrawals, withdrawals from rollover accounts, and limited hardship withdrawals while you’re working for the company▶ At any time following attainment of age 59½ while working for the company |

Not saving in the company 401(k) Plan? You can enroll or change your election at any time during the year. Visit www.vanguard.com/retirementplans to get started. You'll need your plan number: 090518. (Bargained employees: Your plan number is 094548.)

Questions? Call a Vanguard Participant Services associate at 800-523-1188 Monday through Friday from 8:30 a.m. to 9 p.m. ET. If you are calling from outside the U.S., dial the AT&T Direct Access number for your country and enter 800-523-1188. (There is no need to dial "1" before the number.) You also can call Vanguard collect at 610-669-1000 and ask to have the charges reversed.

The ALEX Retirement tool is an educational and interactive video experience tool that guides you through the decisions and plan design available to you through the Leidos Retirement Plan. This tool may be especially helpful if you haven't enrolled yet, are new to the Plan or to Leidos!

<https://www.myalex.com/leidos/retirement2024>

Want to amp up your savings?

Become best friends with compounding interest.

Let ALEX® help!

alex

GET STARTED >



Employee Stock Purchase Plan (ESPP)

Separate from the Leidos stock fund option offered in the 401(k), the ESPP offers a convenient way for employees to purchase Leidos stock at a discount through payroll deductions. Enrollment periods are held separately each December, March, June, and September from the 8th to the end of the month. You may contribute up to 10% of your eligible compensation in whole percentages. Your accumulated payroll deductions are then used to purchase Leidos stock at a 10% discount on the purchase date (last stock market trading day of each calendar quarter). Once enrolled, your active election will carry over to the next purchase period.

For more information, please visit the Stock Programs and Deferred Compensation page on Prism or contact Computershare at **855-894-5367**.



Financial Wellness

Leidos is dedicated to helping you with improving or maintaining your overall financial wellness by offering you a complimentary suite of programs to meet varying needs. The below programs are free to employees. More information can be found on the Financial Wellness Prism page.

PRUDENTIAL FINANCIAL WELLNESS PROGRAM

This program provides financial educational webinars on a wide range of financial topics, and an online Financial Wellness Center portal that offers educational articles, short videos, and interactive tools to help you with your financial wellness goals such as budgeting, credit card debt, managing life events, and much more. Visit the Prudential Financial Wellness Center at www.prudential.com/leidos or visit the Financial Wellness Prism page for more information and to sign up for webinars.

Disclaimer:

Leidos is making these programs available to you – but it is your choice to participate. Leidos does not provide any of your personal information to these vendors. It is your decision whether to participate and share your data with the vendors.

SMARTPATH FINANCIAL COACHING PROGRAM

This program provides unbiased financial seminars and one-on-one coaching programs based on your individual needs. SmartPath doesn't sell financial products such as insurance or investments. Instead, SmartPath coaches are focused on helping people build plans, make better choices, and stay accountable. All conversations and information are completely confidential. Your professional SmartPath coach's sole purpose is to teach you how to keep more of the money you earn and achieve your financial goals. Visit SmartPath at onsmartpath.com/leidos to sign up for webinars or coaching or visit the Financial Wellness Prism page for more information.

PURCHASING POWER

This program provides non-cash buyers with the ability to purchase needed items and pay for them over time, directly from their paycheck via payroll deductions over 6 – 12 months. This is not a discount program as there is a premium on purchases, but there is no added interest or fees, and no credit check required. Employees should carefully consider all of their buying options before deciding to use this program. Those with the ability to pay with cash will not benefit from this program. This program is administered through our voluntary benefits provider, Beneplace. Visit leidos.purchasingpower.com or visit the Financial Wellness Prism page for more information.

STUDENT LOAN TOOLS AND RESOURCES

Several of Leidos' benefits vendors provide tools and resources to help with managing student loans:

- ▶ **SmartPath** – provides one-on-one coaching to help you understand realistic strategies for paying off your student loans, ways to expedite payoff and how long each option will take.
- ▶ **Candidly** – provides tools to help you crush your student debt. Candidly's innovative toolbox may help you: lower your monthly student loan bills, build a paydown plan, turn spare change into loan payments, pay off your debt earlier, and find debt forgiveness programs.

Your Life Balance

Prudential Supplemental Health Benefits

Leidos has partnered with Prudential to offer employees two employee-paid supplemental health benefits - Accident Insurance and Hospital Indemnity Insurance.

ACCIDENT INSURANCE

Accident insurance helps ensure you and your family have the financial support to offset the expenses when you suffer an injury. You have the option to elect coverage under the Low Plan or the High Plan and you and your eligible family members are guaranteed coverage - there are no medical exams required.

Accident Insurance coverage pays you for a variety of injuries and medical services including, but not limited to:

Injuries like:

- ▶ Fractures
- ▶ Dislocations
- ▶ Concussion
- ▶ Burns-2nd and 3rd degree
- ▶ Lacerations
- ▶ Broken tooth

Medical Services, like:

- ▶ Ambulance, ground/air
- ▶ Emergency visit
- ▶ Medical tests
- ▶ Medical appliances, crutches, etc.
- ▶ Physical therapy

In addition, every calendar year, each covered individual can receive \$100 for getting one covered health screening test, such as a blood test, chest x-rays, stress tests, colonoscopies, and mammograms.

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance helps provide a financial cushion for out-of-pocket expenses associated with hospital stays, so you can stay on track financially and focus on your recovery. Hospital Indemnity Insurance pays you for a variety of hospital benefits including, but not limited to:

- ▶ Hospital Admissions and Stays
- ▶ Intensive Care Unit (ICU) Admissions and Stays

In addition, every calendar year, each covered individual can receive \$100 for getting one covered health screening test, such as a blood test, chest x-rays, stress tests, colonoscopies, and mammograms.

How the Supplemental Health Benefits Can Help You

- Help fill gaps not covered by your medical plan, paying in addition to other insurance you may have.
- Benefit payments are sent directly to you to use however you like. Payments may be used for deductibles, co-pays, or even everyday expenses such as babysitters and take-out food.
- Guaranteed coverage, regardless of your health. You don't have to answer any health questions, you just need to be actively at work on the day your coverage starts.

Filing a claim for Accident or Hospital Indemnity with Prudential is Easy!

Simply register at mybenefits.prudential.com and follow these 3 steps:

- 1 Tell Prudential what happened and when.

- 2 Who provided the treatment?

- 3 Give Prudential permission to get information from your doctor, so you don't have to.

Beneplace Voluntary Benefits Program

Leidos offers voluntary benefits and an employee discount program administered by Beneplace. You may enroll in the following employee-paid benefits:

- ▶ Critical Illness Insurance*
- ▶ Legal Plan*
- ▶ Home & Auto Insurance
- ▶ Pet Insurance
- ▶ ID Theft Protection*
- ▶ Genomic Life/ Cancer Guardian*

*Critical Illness Insurance, ID Theft Protection, Genomic Life, and a Legal Plan are offered only during Open enrollment or if you experience a qualifying life event.

Enrolling in Voluntary Benefits

Starting with 2025 Open Enrollment, most of the Voluntary Benefit offerings provided by Beneplace (i.e., Legal Plan, ID Theft Protection, and Genomic Life) will be available for enrollment through Workday. The Critical Illness, Auto/Home, and Pet Insurance offerings will continue to be available for enrollment via the Beneplace enrollment site at www.leidosaddedbenefits.com/.

Disclaimer:

Leidos is making these programs available to you at a discount – but it is your choice to participate. Leidos does not provide any of your personal or financial information to these vendors. It is your decision whether to participate in this program and share your data with the vendors.

CRITICAL ILLNESS

Critical illnesses can happen at any age and more often than you may think. Quality health and disability income insurance plans are not always enough – there may still be coverage gaps.

Critical illness insurance offered through MetLife helps ensure you and your family have the financial support to offset the expenses of a serious illness. There are two Benefit Amounts available – \$15,000 or \$30,000. You and your eligible family members are guaranteed coverage – there are no medical exams required.

The plan provides a lump-sum payment if you or your covered dependents are diagnosed with one of the following conditions (and meet the policy and certificate requirements):

| Covered Condition | Initial Benefit | Recurrence Benefit |
|--------------------------------|-------------------------|-------------------------|
| Full Benefit Cancer | 100% of Initial Benefit | 100% of Initial Benefit |
| Partial Benefit Cancer | 25% of Initial Benefit | 25% of Initial Benefit |
| Heart Attack | 100% of Initial Benefit | 100% of Initial Benefit |
| Stroke | 100% of Initial Benefit | 100% of Initial Benefit |
| Coronary Artery Bypass Graft | 100% of Initial Benefit | 100% of Initial Benefit |
| Kidney Failure | 100% of Initial Benefit | Not applicable |
| Alzheimer’s Disease | 100% of Initial Benefit | Not applicable |
| Major Organ Transplant Benefit | 100% of Initial Benefit | Not applicable |

Payments will be made directly to you, not to the doctors, hospitals or other health care providers.

MetLife will also provide an annual benefit for taking an eligible screening/prevention measure – \$50 per calendar year with the \$15,000 Benefit Amount or \$100 per calendar year with the \$30,000 Benefit Amount!

To enroll in the voluntary benefits visit www.leidosaddedbenefits.com/.

ARAG LEGAL PLAN

You can't predict the future, but you can plan for it. So whether you're planning ahead, like creating a will or buying a new home, or facing something unexpected, like fighting a traffic ticket or getting your deposit back from a difficult landlord, ARAG is there for you.

Why should you get legal insurance?

- ▶ Work with a network attorney and attorney fees are 100% paid in full for most covered matters, saving you hundreds, possibly thousands, of dollars on legal matters by avoiding costly legal fees.
- ▶ Work virtually, over the phone or in person with a local network attorney who can provide legal advice, review and draft documents and represent you, even in court if needed.
- ▶ Take advantage of services for parents and grandparents that include caregiving services, legal advice, wills, power of attorney, document preparation and review and a reduced fee benefit for most elder law issues.
- ▶ Use DIY Docs® to create a variety of legally valid documents, including state-specific templates.

Consumer Protection Matters

- ▶ Auto repair
- ▶ Buying or selling a car
- ▶ Consumer fraud
- ▶ Consumer protection for goods or services
- ▶ Home improvement
- ▶ Personal property disputes
- ▶ Small claims court

Criminal Situations

- ▶ Juvenile
- ▶ Parental responsibility

Family Law Events

- ▶ Adoption
- ▶ Domestic partnership
- ▶ Guardianship/conservatorship
- ▶ Name change
- ▶ Pet-related matters and damages
- ▶ Pre-marital agreements
- ▶ Divorce

General Needs

- ▶ Document review
- ▶ Credit records correction
- ▶ Document preparation

Finance, Tax, and Debt-Related Matters

- ▶ Debt collection
- ▶ Garnishments
- ▶ IRS tax audit
- ▶ Personal bankruptcy
- ▶ Student loan debt

Home Ownership or Renter Matters

- ▶ Buying and selling a home
- ▶ Contract/lease agreements
- ▶ Contractor issues
- ▶ Deeds
- ▶ Foreclosures or evictions
- ▶ Disputes with a landlord
- ▶ Neighbor disputes
- ▶ Real estate disputes

Traffic Troubles

- ▶ License suspension/revocation
- ▶ Traffic tickets

Wills and Estate Planning Needs

- ▶ Funeral directives
- ▶ Powers of attorney
- ▶ Wills
- ▶ Trusts

METLIFE + AURA IDENTITY & FRAUD PROTECTION

Effective January 1, 2025, Leidos will transition to a new vendor partner for ID Theft Protection—MetLife + Aura Identity & Fraud Protection.

MetLife and Aura Identity & Fraud Protection helps safeguard the things that matter to you most: your identity, money, assets, family, reputation and privacy. Services include, but are not limited to:

- ▶ Proactive protection for your identity, finances, privacy and devices with near real-time alerts to any suspicious activity
- ▶ \$5M Identity Theft Insurance policy for each enrolled adult to reimburse you for covered losses and expenses resulting from identity theft
- ▶ White Glove Fraud Resolution Service and 24/7 US-based customer support
- ▶ Digital Vault to safely store sensitive information, documents and more—all secured with military-grade encryption
- ▶ Access to included features from your favorite devices via the top-rated, all-in-one Aura mobile app (iOS and Android) and web dashboard
- ▶ Automated and continuous removal of your personal info from data brokers to limit exposure of your information and reduce robocalls/texts and spam
- ▶ Inclusive family plans available, allowing unlimited minor children and up to 10 adults. Adult “family members” include anyone you love—irrespective of their age, relationship or whether they live in your household.

Disclaimer:

Aura's product accesses and monitors an individual's credit file. The Fair Credit Reporting Act (FCRA) is a government regulation that requires any entity accessing an individual's credit file to have a permissible purpose to do so. If you decide to enroll in the Aura ID Theft Protection program, this action will serve as your agreement and acknowledgement of the following:

I authorize Aura Sub, LLC (“Aura”) to confirm my identity, obtain and monitor my credit information from the credit bureaus on a recurring basis in order to provide the Aura products and services I have ordered as long as I have an account with Aura. I also authorize Aura depending on the Aura products and services ordered, to retrieve and monitor my personal information, and motor vehicle and other records. I acknowledge that I may be required to activate certain services, including taking action to download, install, or provide additional information before obtaining access to the Aura products and services. By opting in, I confirm I have read, understood and agree to be bound by Aura's Terms of Service and acknowledge Aura's Privacy policy.

Identity & Fraud Protection powered by Aura includes these features to help minimize the risk of identity theft:



Identity Theft Protection

Get alerted to detected threats to your identity, SSN, online accounts and more. Plus, guard against data brokers who try to sell your info on the web.



Financial Fraud Protection

Stay one step ahead of threats with credit, bank account, personal property monitoring and financial tools to help keep your assets safe.



Digital Security

Connect online more securely and privately with intelligent safety tools that help protect your passwords, devices and Wi-Fi connections from hackers.

GENOMIC LIFE (FORMERLY CANCER GUARDIAN)

Genomic Life is an innovative support program that can help in the prevention and management of cancer by combining the power of advanced DNA testing with the personalized support of expert cancer care resources. Understanding your unique genetics helps uncover health risks, inform treatment, and offer effective approaches to optimize health.

Essential Genomics

A suite of genetic tests offering insights into health and predisposition to diseases, specifically cancer. The genetic tests and features include:

- ▶ Genetic Health Screen – identifying elevated health risks for cancer, cardiac disease, and other critical illnesses
- ▶ Carrier Screening – uncovers genetic insights from both partners during family planning which help mitigate the risk of serious illness in offspring
- ▶ Pharmacogenomics – analyzes the unique way an individual responds to medications to optimize treatment, maximize effectiveness, and minimize side effects
- ▶ Genomic Life Platform – securely and easily access your test results and share with your medical team at any time

Precision Cancer Genomics

If you are newly diagnosed with cancer, are a cancer survivor, or have significant family risk of cancer, you have access to feature such as:

- ▶ A dedicated cancer navigator
- ▶ Ongoing patient advocacy and caregiver support
- ▶ Tumor genomic profiling as needed to help determine treatment
- ▶ Expert Pathology Review as needed to ensure correct diagnosis with 2nd opinion review
- ▶ Diagnostic Inherited Cancer Panel



AUTO AND HOME INSURANCE

This voluntary benefit program provides employees with access to special savings on Auto and Home Insurance. Employees can request free personalized premium quotes from MetLife Auto & Home, Travelers Insurance and/or Liberty Mutual. The program offers money-saving features including:

- ▶ Payroll deduction
- ▶ Multi-vehicle savings
- ▶ Safe driving discounts
- ▶ Good student discounts

PET INSURANCE

Your pets are family and deserve the best care when they get sick or injured. A pet insurance policy can help you plan for your pet's healthcare and offset some of the costs for unexpected illnesses or injuries. At Leidos, you have two options to choose from:

Nationwide Pet Insurance

Pet Insurance administered by Nationwide provides healthcare coverage for dogs, cats, birds, hamsters, or other exotic pets. Nationwide policies are easy to use and provide reimbursement for eligible veterinary expenses related to surgeries, hospitalization, X-rays, prescription medications, and more. Using the plan is easy. Pay your veterinarian directly and then send Nationwide your claim form along with your itemized receipt.

Some of the services a policy with Nationwide can typically cover are:

- ▶ Accidents and illnesses
- ▶ Vet-prescribed medication
- ▶ Surgeries, hospitalization, and emergency care
- ▶ Diagnostic testing, including blood tests, X-rays, and more
- ▶ Alternative therapies

All members also receive free access to VetHelpLine with 24/7 telephone access to veterinary experts who can provide pet health guidance and answer general questions and identify urgent care needs.

MetLife Pet Insurance

With MetLife, pet parents have the power of choice to customize their pet insurance to meet their needs. Some of the services a policy with MetLife Pet can typically cover are:

- ▶ Accidents and illnesses
- ▶ Vet-prescribed medication
- ▶ Surgeries, hospitalization, and emergency care
- ▶ Diagnostic testing, including blood tests, X-rays, and more
- ▶ Alternative therapies

MetLife Pet also offers an optional preventive care plan that can help cover costs related to things like vaccinations, parasite treatment and prevention, teeth cleaning, and more.

Call 833-731-1266 or log into the [Beneplace website](#) for additional information and a no-obligation quote. When enrolling in coverage, you will be asked to provide your "Payroll ID" which is your employee ID number.




DISCOUNT PROGRAM

The Discount Program offers you exclusive discounts on everything from new cars to computers to theme park tickets with new deals added weekly! To save on these deals and many more, visit [leidos.savings.beneplace.com](https://www.leidosaddedbenefits.com/).

To enroll in the Auto/Home Insurance or Pet Insurance voluntary benefits, visit www.leidosaddedbenefits.com/.

Your 2025 Open Enrollment Checklist

Take Action!

| | |
|---|--|
|  | Visit Prism for information about the 2025 Benefits Program and Open Enrollment. Check out the Open Enrollment pages on Prism. |
|  | Elect 2025 benefits and make or change beneficiary designations in Workday. |
|  | Once you submit your elections within Workday, you will get a screen that shows that your elections have been submitted successfully. You can "Select Print" to launch a printable version of this summary for your records. |

At the conclusion of Open Enrollment, you may receive communication at your home from Alight, the administrator of our Dependent Eligibility Verification program. You will be asked to verify the eligibility of any dependents that you added to your medical, dental, and/or vision benefits for the 2025 plan year. Provide any required documents, such as a marriage certificate, birth certificate or residency document, to ensure benefit coverage for your dependents in 2025. If your required documents are not received by the due date indicated on the packet, your dependent(s) will be removed from coverage.



The Leidos Health and Welfare Benefits Plan (the "Plan") has been amended as described in this document, effective January 1, 2025.

This document serves as a Summary of Material Modifications ("SMM") and provides an overview of the changes and how they may affect you. This SMM supplements the Plan's Summary Plan Description, benefits booklets (for self-funded benefits), and insurance certificates (for insured benefits) (together, the "SPD") previously provided to you. Please read this SMM carefully and keep this SMM with your copy of the Plan's SPD. Please note, in the event of a conflict between the terms of the Plan document (as amended) and this SMM and/or the Plan's SPD, the Plan document will control.

Benefits Contacts

| Plan or Program | Website | Phone Number |
|---|--|--|
| 401(k) Plan | www.vanguard.com/retirementplans Non-Bargained Employees: Plan 090518 Bargained Employees: Plan 094548 | 800-523-1188 |
| AD&D Insurance | www.newyorklife.com | 800-238-2125 |
| Aetna Healthy Focus Plans | www.aetna.com | 800-843-9126 |
| All Leidos benefits | <ul style="list-style-type: none"> ▶ Benefits Summary Plan Description website ▶ Healthy Focus Prism Page ▶ Kaiser HMO Prism Page ▶ HSA/FSA Prism Page | N/A |
| Back-Up and In-Home Childcare, Adult Eldercare, Pet Care, Tutoring and Educational Resources | Bright Horizons www.careadvantage.com/Leidos | 877-242-2737 |
| Beneplace – Voluntary Benefits (i.e. Auto/Home Insurance and Pet Insurance) | Discount platform: leidos.savings.beneplace.com Voluntary Benefits enrollment website: www.leidosaddedbenefits.com/ | 800-683-2886 |
| Candidly Student Loan Tools & Resources | www.vanguard.com/studentloans Login with your Vanguard username and password and click on "Log me into Candidly" | N/A |
| Cigna Global | www.CIGNAenvoy.com | 800-441-2668 or 001-302-797-3100 outside U.S. |
| ComPsych EAP | www.guidanceresources.com To register on the website, use the Leidos dedicated WebID: Leidos. | 866-365-0853 |
| Dental Plans | Leidos Dental PPO (Delta Dental) deltadentalva.com/members/leidos Aetna DMO www.aetna.com | 800-237-6060 877-238-6200 |
| Dependent Eligibility Verification – Alight | digital.alight.com/leidos | N/A |
| Group Universal Life (GUL) & Cash Accumulation Fund (CAF) – Administered by Mercer | N/A | 855-735-4873 |
| Headspace for Work | Registration: work.headspace.com/leidos/member-enroll Email address: teamsupport@headspace.com | N/A |
| HMSA | www.hmsa.com | 808-948-6111 |
| HSA Bank – Health Savings Account (HSA) and Flexible Spending Account (FSA) Administrator | Member portal: https://myaccounts.hsabank.com | 1-877-851-5276 |

Benefits Contacts

| Plan or Program | Website | Phone Number |
|--|--|--|
| Kaiser | www.kp.org | 800-777-7902 (Kaiser DC) 808-432-5955 (Kaiser Hawaii, Oahu) 800-966-5955 (Kaiser Hawaii, Neighbor Islands) 800-464-4000 (Kaiser California) 800-632-9700 (Kaiser Colorado) |
| Life Insurance – Prudential | N/A | 888-257-0412 Medical Underwriting (EOI) |
| meQuilibrium Resilience Platform | Email: support@mequilibrium.com | N/A |
| Omada | omadahealth.com/express-scripts | 1-888-409-8687 |
| Personify Health (Formerly Virgin Pulse) | Online Registration: join.personifyhealth.com/leidos Customer Support Team email: Support@PersonifyHealth.com | 888-671-9395 |
| Prescription Drugs – Express Scripts (ESI) (Healthy Focus Plans) | www.express-scripts.com/leidos | 877-223-4721 |
| Prudential Financial Wellness Center | www.prudential.com/leidos | N/A |
| Prudential Supplemental Health Benefits (Hospital Indemnity & Accident Insurance) | To file a claim: http://www.prudential.com/mybenefits | 844-455-1002 |
| Purchasing Power | leidos.purchasingpower.com | N/A |
| Rx Savings Solutions | myrxss.com | 800-268-4476 |
| SmartPath Financial Coaching Program | onsmartpath.com/leidos | N/A |
| Teladoc | teladochealth.com/Aetna | 800-835-2362 |
| Tobacco Cessation Coaching | https://app.membervirginpulse.com | N/A |
| Triple S | www.ssspr.com | 800-981-3241 |
| Vision Service Plan (VSP) | www.leidos.vspforme.com | 800-877-7195 |
| Voluntary Long-Term Disability (LTD) | www.myNYLgbs.com | 888-842-4462 |
| Voluntary Short-Term Disability Insurance (VSDI) | File and view a claim/upload claim documentation: www.mysedgwick.com/ | 877-399-6443 |

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