

DYNETICS, A LEIDOS COMPANY
2025 Plan Year Benefit Summary

PLAN NAME	Healthy Focus Classic Network Plan
PRODUCT NAME	Healthy Focus Classic Network Plan
PLAN STATES	All 50 States
CUSTOMER SERVICE PHONE	1-833-549-1179
WEB ADDRESS	www.Anthem.com

Benefit	In Network - Employee Pays
HSA*	Not eligi
HEALTHCARE FSA	Eligible for limited purpose
ANNUAL DEDUCTIBLE**	\$1,500 Individual \$3,000 Family
(Integrated Deductible & OPM)	\$1,500 Individual w/in Family deductible Not combined with Out of Network
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDING DEDUCTIBLE)	\$3,000 Individual \$6,000 Family
(Integrated Deductible & OPM)	Plan pays 100% of eligible expenses after this amount has been satisfied. \$3,000 Individual w/in Family
LIFETIME MAXIMUM BENEFIT	Unlimited
OFFICE VISITS	\$30 copay PCP no deductible; \$50 copay SPC no deductible
LAB X-RAY DIAGNOSTICS	20% after deductible
PREVENTIVE CARE	Adult routine care: covered at 100% (not subject to deductible); limit 1 per calendar year. Coverage for enhanced women's health benefits at 100%. Contact plan for specifics.
HOSPITAL CARE	
Inpatient	20% after deductible
Outpatient	20% after deductible
EMERGENCY CARE	
In-area	\$250 copay, no deductible For non-emergent use of the emergency room, employee pays 50% after deductible
Out-of-area	\$250 copay, no deductible For non-emergent use of the emergency room, employee pays 50% after deductible
PRESCRIPTIONS	
Retail	
Generic	\$10 copay
Preferred	\$50 copay
Non-Preferred	\$100 copay
Specialty	\$250 copay
Mail-Order	
Generic	\$20 copay
Preferred	\$100 copay
Non-Preferred	\$200 copay
Specialty	\$500 copay
MENTAL HEALTH	
Inpatient	20% after deductible
Outpatient	Office visit - \$30 copay, no deductible
SUBSTANCE ABUSE	
Inpatient Detox and Rehab	20% after deductible
Outpatient	Office visit - \$30 copay, no deductible
CHIROPRACTIC	\$50 copay no deductible Covered if medically necessary
DURABLE MEDICAL EQUIPMENT	50% after deductible
HEARING AIDS	20% after deductible \$2,500 per pair every three years
VISION EXAMS	Not covered
EYEWEAR	Not covered

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

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

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

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

Out of Network* - Employee Pays**

ible

3 FSA or regular FSA

Not covered

Not covered

Not covered

Not covered

Not covered

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mary and the plan document/certificate, the plan