

## Leidos Benefits Summary Plan Description

### Comparing the Healthy Focus Medical Plans

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

Self-Insured Medical Plans (Healthy Focus) <sup>1</sup>								
	Healthy Focus Basic Plan		Healthy Focus Essential Plan		Healthy Focus Advantage Plan		Healthy Focus Premier Plan	
	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>
<b>Annual Deductible</b>								
• Employee Only	\$4,000	\$8,000	\$2,000	\$4,000	\$1,800	\$3,600	\$1,800	\$3,600
• Family	\$8,000	\$16,000	\$4,000	\$8,000	\$3,600	\$7,200	\$3,600	\$7,200
<b>Annual Out-of-Pocket (OOP) Maximum (includes deductible)</b>								
• Employee Only	\$6,750	\$13,000	\$5,000	\$10,000	\$3,600	\$7,200	\$1,800	\$7,200
• Family	\$13,500	\$27,000	\$10,000	\$20,000	\$7,200	\$14,400	\$3,600	\$14,400
• Embedded OOP	\$8,550 individual within family	N/A	\$8,550 individual within family	N/A	N/A	N/A	N/A	N/A
<b>Office Visits – Preventive Care</b>	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible
<b>Office Visits – Non- Preventive Care</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Office Visits – Well-Child Preventive Care</b>	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible
<b>Emergency Room</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible <sup>3</sup>	You pay 35% after deductible <sup>3</sup>	You pay 20% after deductible <sup>3</sup>	You pay 20% after deductible <sup>3</sup>	You pay 0% after deductible <sup>3</sup>	You pay 0% after deductible <sup>3</sup>
<b>Hospital Admission</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible

leidos.com

	Healthy Focus Basic Plan		Healthy Focus Essential Plan		Healthy Focus Advantage Plan		Healthy Focus Premier Plan	
	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>
<b>Hospital Admission</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Lab and X-ray</b>	You pay 50% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible	You pay 35% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible	You pay 20% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible	You pay 0% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible
<b>Outpatient Surgery</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Routine Mammogram<sup>4</sup></b>	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible
<b>Prostate Screening<sup>4</sup></b>	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible
<b>Skilled Nursing Facility</b>	You pay 50% after deductible for up to 60 days per confinement	You pay 50% after deductible for up to 60 days per confinement	You pay 35% after deductible for up to 60 days per confinement	You pay 50% after deductible for up to 60 days per confinement	You pay 20% after deductible for up to 60 days per confinement	You pay 50% after deductible for up to 60 days per confinement	You pay 0% after deductible for up to 60 days per confinement	You pay 50% after deductible for up to 60 days per confinement
<b>Home Health Care</b> (maximum visits combined with Private Duty Nursing)	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 35% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 20% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 0% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit
<b>Hospice Care</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible

	Healthy Focus Basic Plan		Healthy Focus Essential Plan		Healthy Focus Advantage Plan		Healthy Focus Premier Plan	
	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>
<b>Outpatient Rehabilitation – Physical, Occupational and Speech Therapy</b> Limited to 60 combined visits per year	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Durable Medical Equipment</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Hearing Aid Exam</b> (1 every 24 months)	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Hearing Aids</b> (\$2,500 max, every 3 years)	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Mental Health and Substance Use Disorder – Inpatient</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Mental Health &amp; Substance Use Disorder – Outpatient</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Autism Spectrum Disorder Treatment</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Applied Behavioral Analysis</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Transplant Services<sup>5</sup></b>	Aetna IOE or Anthem BDCT/CME: You pay 50% after deductible Non-Aetna IOE or Non-Anthem BDCT/CME: You pay 50% after deductible	You pay 50% after deductible	Aetna IOE or Anthem BDCT/CME: You pay 35% after deductible Non-Aetna IOE or Non-Anthem BDCT/CME: You pay 50% after deductible	You pay 50% after deductible	Aetna IOE or Anthem BDCT/CME: You pay 20% after deductible Non-Aetna IOE or Non-Anthem BDCT/CME: You pay 50% after deductible	You pay 50% after deductible	Aetna IOE or Anthem BDCT/CME: You pay 0% after deductible Non-Aetna IOE or Non-Anthem BDCT/CME: You pay 50% after deductible	You pay 50% after deductible

<sup>1</sup>Covered services received from a network provider will be paid based on the negotiated rate.

<sup>2</sup>Covered services received from an out-of-network provider will be paid based on the recognized charge/maximum allowed amount.

<sup>3</sup>For non-emergent use of the emergency room, member pays 50% after deductible.

<sup>4</sup>Subject to age and visit limits under Aetna.

<sup>5</sup>Transplants must be performed at an Aetna Institute of Excellence (IOE) or at an Anthem Blue Distinction Center for Transplants (BDCT) or Center of Medical Excellence (CME) to be covered at the in-network level.