

## Leidos Benefits Summary Plan Description

### Medical Plans

The chart below provides some basic plan information about the Classic Network Plan.

Classic Network Medical Plan				
	Aetna		Anthem	
	In- Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>				
• Employee Only	\$1,500	N/A	\$1,500	N/A
• Family	\$3,000		\$3,000	
<b>Annual Out- of-Pocket Maximum (includes deductible)</b>				
• Employee Only	\$3,000	N/A	\$3,000	N/A
• Family	\$6,000		\$6,000	
• Embedded OOP	\$3,000		\$3,000	
<b>Preventive Care</b>	0% (deductible does not apply)	N/A	0% (deductible does not apply)	N/A
<b>Office Visits (PCP)</b>	\$30 copay, no deductible	N/A	\$30 copay, no deductible	N/A
<b>Office Visits (Specialist)</b>	\$50 copay, no deductible	N/A	\$50 copay, no deductible	N/A
<b>Emergency Room</b>				
• Emergent Visit	\$250 copay, no deductible	\$250 copay, no deductible	\$250 copay, no deductible	\$250 copay, no deductible
• Non-emergent Visit	Deductible, then 50%	Not covered	Deductible, then 50%	Not covered
<b>Hospital Admission</b>	Deductible, then 20%	N/A	Deductible, then 20%	N/A
<b>Outpatient Lab and X-ray (non-routine)</b>	Deductible, then 20%	N/A	Deductible, then 20%	N/A
<b>Outpatient Surgery</b>	Deductible, then 20%	N/A	Deductible, then 20%	N/A
<b>Skilled Nursing Facility (60 days per confinement)</b>	Deductible, then 20%	N/A	Deductible, then 20%	N/A
<b>Home Health Care</b> (maximum visits combined with Private Duty Nursing)	Deductible, then 20% (each Home Health Aide visit up to 4 hours = 1 visit; 100 visits per year)	N/A	Deductible, then 20% (4 hours = 1 visit; 3 visits per day; 100 visits per year)	N/A
<b>Hospice Care</b> (includes part-time or infrequent nursing care by an RN or LPN up to 8 hours a day. Also includes part-time or infrequent home health aide services up to 8 hours per day)	Deductible, 20%	N/A	Deductible, 20%	N/A

Classic Network Medical Plan				
	Aetna		Anthem	
	In- Network	Out-of-Network	In-Network	Out-of-Network
<b>Outpatient Rehabilitation – Physical, Occupational and Speech Therapy</b> (as medically necessary) Limited to 60 combined visits per year	\$50 copay, no deductible	N/A	Outpatient Institutional: Deductible, then 20%  PCP Office: \$30 copay, no deductible  Specialist Office: \$50 copay, no Ded	N/A
<b>Durable Medical Equipment</b>	Deductible, then 20%	N/A	Deductible, then 20%	N/A
<b>Hearing Aid Exam</b>	Covered based on type of service and where it is received (1 visit every 24 months)	N/A	Covered based on type of service and where it is received (1 visit every 24 months)	N/A
<b>Hearing Aids</b>	Deductible, then 20% (\$2,500 per pair every 3 years)	N/A	Deductible, then 20% (\$2,500 per pair every 3 years)	N/A
<b>Mental Health and Substance Abuse – Inpatient</b>	Deductible, then 20%	N/A	Deductible, then 20%	N/A
<b>Mental Health and Substance Abuse – Outpatient</b>	Office visit - \$30 copay, no deductible	N/A	Outpatient – Deductible, then 20% Office visit - \$30 copay, no deductible	N/A
<b>Autism Spectrum Disorder Treatment</b>	Covered based on type of service and where it is received	N/A	Covered at the benefit level of the services billed	N/A
<b>Applied Behavioral Analysis</b>	Covered based on type of service and where it is received	N/A	Covered at the benefit level of the services billed	N/A
<b>Transplant Services<sup>1</sup></b>	IOE: Deductible, then 20% Non-IOE: Deductible, then 50%	N/A	BDCT/CME: Deductible, then 20% Non-BDCT/CME: Deductible, then 50%	N/A

<sup>1</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 (20% member coinsurance)