

Leidos Benefits Summary Plan Description

Comparing the SmarterCare CDHP Medical Plans

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

Self-Insured Medical Plans (SmarterCare CDHP)						
	SmarterCare Basic Plan		SmarterCare Essential Plan		SmarterCare Elite Plan	
	In- Network	Out-of-Network ¹	In- Network	Out-of-Network ¹	In- Network	Out-of-Network ¹
Annual Deductible						
• Employee only	\$3,500	\$7,000	\$2,000	\$4,000	\$1,800	\$3,600
• All other coverage levels	\$7,000	\$14,000	\$4,000	\$8,000	\$3,600	\$7,200
Annual Out-of-Pocket (OOP) Maximum (includes deductible)						
• Employee Only	\$6,000	\$12,000	\$5,000	\$10,000	\$2,500	\$7,200
• All other coverage levels	\$12,000	\$24,000	\$10,000	\$20,000	\$5,000	\$14,400
• Embedded OOP	\$8,550 individual within family	N/A	\$8,550 individual within family	N/A	N/A	N/A
Office Visits – Preventive Care	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
Office Visits – Non-Preventive Care	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 50% after deductible
Office Visits – Well-Child Preventive Care	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
Emergency Room²	You pay 35% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 10% after deductible
Hospital Admission	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 50% after deductible

	SmarterCare Basic Plan		SmarterCare Essential Plan		SmarterCare Elite Plan	
	In- Network	Out-of-Network ¹	In- Network	Out-of-Network ¹	In- Network	Out-of-Network ¹
Lab and X-ray	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 10% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible
Outpatient Surgery	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 50% after deductible
Routine Mammogram	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible
Prostate Screening	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible	Covered at 100%	You pay 50% after deductible
Skilled Nursing Facility (Limit combined for in-network and out-of-network)	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 10% after deductible for up to 60 days per confinement	You pay 50% after deductible for up to 60 days per confinement
Home Health Care (maximum visits combined with Private Duty Nursing. Limit combined for in-network and out-of-network)	You pay 35% after deductible for up to 100 visits per year (4 hours = 1 visit, 3 visits per day, 12 hours per day)	You pay 50% after deductible for up to 100 visits per year (4 hours = 1 visit, 3 visits per day, 12 hours per day)	You pay 20% after deductible for up to 100 visits per year (4 hours = 1 visit, 3 visits per day, 12 hours per day)	You pay 50% after deductible for up to 100 visits per year (4 hours = 1 visit, 3 visits per day, 12 hours per day)	You pay 10% after deductible for up to 100 visits per year (4 hours = 1 visit, 3 visits per day, 12 hours per day)	You pay 50% after deductible for up to 100 visits per year (4 hours = 1 visit, 3 visits per day, 12 hours per day)
Hospice Care	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 50% after deductible
Outpatient Rehabilitation – Physical, Occupational and Speech Therapy Limited to 60 combined visits per year. Limit combined for in-network and out-of-network.	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 50% after deductible
Durable Medical Equipment	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 50% after deductible

	SmarterCare Basic Plan		SmarterCare Essential Plan		SmarterCare Elite Plan	
	In- Network	Out-of-Network ¹	In- Network	Out-of-Network ¹	In- Network	Out-of-Network ¹
Hearing Aid Exam (1 every 24 months)	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 50% after deductible
Hearing Aids (\$2,500 max, every 3 years)	You pay 35% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 10% after deductible
Mental Health and Substance Use Disorder	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 50% after deductible
Autism Spectrum Disorder Treatment	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 50% after deductible
Applied Behavioral Analysis	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 50% after deductible
Transplant Services³	BDCT/CME: You pay 35% after deductible Non BDCT/Non CME: You pay 50% after deductible	You pay 50% after deductible	BDCT/CME: You pay 20% after deductible Non BDCT/Non CME: You pay 50% after deductible	You pay 50% after deductible	BDCT/CME: You pay 10% after deductible Non BDCT/Non CME: You pay 50% after deductible	You pay 50% after deductible

¹ Covered services received from an out-of-network provider will be paid based on Anthem's maximum allowed amount. If you choose to see an out-of-network provider without a network deficiency, the out-of-network provider can bill you for the difference between their billed charges and what Anthem covers, which is often a large gap. To avoid unexpected bills and to keep your expenses down, it's best to stay in-network whenever possible.

² For non-emergent use of the emergency room, member pays 50% after deductible.

³ Transplants must be performed at a Blue Distinction Center for Transplants (BDCT) or at an Anthem Center of Medical Excellence (CME) to be covered at the in-network level.