



2026 SMARTERCARE CDHP USER GUIDE

A "How-To" Guide to Using Your SmarterCare CDHP
Medical Plan

Anthem

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Knowing how to make the most of your benefits throughout the year is key to maximizing the value of our benefits programs.

Take the time to explore this guide now and during the year as you use your benefits – so you can make good choices and take full advantage of everything Leidos has to offer.

The information contained within these pages may be proprietary to Leidos, and is principally intended for U.S. benefits-eligible employees enrolled in a SmarterCare medical plan.

This guide provides an overview of certain Leidos benefits offerings. Leidos has made every attempt to ensure the accuracy of this information. If there is any discrepancy between this guide and the insurance contracts or other legal documents, the Plan documents and/or published Policies will always govern. As with all of its benefits, Leidos reserves the right to amend or discontinue the benefits described in this document in the future, as well as change how eligible employees and the company share cost at any time. This guide does not create any employment agreement of any kind or a guarantee of continued employment with Leidos.

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

Using Your Medical Plan

SMARTERCARE CDHP PLANS: A REFRESHER

Here are important things to remember about how our medical plans work:

- ▶ Preventive care is covered 100 percent in-network, no deductible
- ▶ You pay 100 percent for non-preventive care, up to the deductible
- ▶ After you meet the deductible, the amount you pay depends on the medical plan:
 - If you are in the SmarterCare Basic Plan, you pay 35 percent for covered in-network services
 - If you are in the SmarterCare Essential Plan, you pay 20 percent for covered in-network services
 - If you are in the SmarterCare Elite Plan, you pay 10 percent for covered in-network services
- ▶ Once you meet the out-of-pocket maximum, Leidos pays 100 percent for the rest of the plan year.



Cost Savings Tip: Use Network Providers

Remember, you pay less when you use network providers – doctors, hospitals and pharmacies that are in the plan. When you and your family use these providers, you save money because network providers have agreed to accept negotiated rates for their services, resulting in lower overall costs that apply towards your deductible and coinsurance.

Out-of-Network

If you choose to see an out-of-network provider, you could end up paying significantly more than you would with an in-network provider. Anthem only pays up to its maximum allowed amount and out-of-network providers can bill you for the difference between their billed charges and what Anthem covers, which is often a large gap.

Also, note that most doctor charges (except mental health and substance use disorder services), are reimbursed based on 150% of Medicare rates, which are typically much lower than the provider's billed amount. The doctor may bill you the difference. As a result, your out-of-pocket costs can be much higher. To avoid unexpected bills and to keep your expenses down, it's best to stay in-network whenever possible.

For more information on how to avoid balance billing, please refer to the Know Your Rights Guide.

HOW TO FIND AN IN-NETWORK PROVIDER

- ▶ Visit <https://anthem.com/find-care>
- ▶ Scroll down to “Use Member ID for Basic Search”
- ▶ Enter the corresponding prefix for your location:

Location	Prefix	Network Name
Washington DC/Maryland/ Northern Virginia (Fairfax, Fairfax City, Falls Church City, Prince William, Arlington, Alexandria City)	C9X	DC - BlueChoice Adv Open Access
Florida	F4L	FL - NetworkBlue
Georgia	G4M	GA - Blue Open Access POS
Kansas City (MO)	K6E	KC - Preferred-Care Blue
Missouri (St. Louis and surrounding areas: Franklin, Jefferson, Lincoln, St. Charles, St. Francois, St. Louis, St. Louis City, Sainte Genevieve, Warren, and Washington)	M6X	MO - Blue Access Choice
New Hampshire	N8V	NH - BlueChoice Open Access POS
New Jersey	H4P	NJ - Horizon Managed Care Network
Wisconsin	W4N	WI - Blue Preferred POS
Virginia	V8D	VA - HealthKeepers POS
All Other Locations	DKV	Bluecard PPO

NETWORK DEFICIENCY ACCOMMODATION

If there is no in-network provider available near the member’s home (within 25 miles), the Plan will cover an out-of-network provider at the in-network level. The member must call Anthem to arrange the network deficiency accommodation.

The out-of-network provider may send you a bill for the difference between their billed charges and Anthem’s maximum allowed amount. You are not responsible for this amount. If this happens, please call Anthem so they can reprocess the claim.

EXPLANATION OF BENEFITS (EOB)

Your Explanation of Benefits (EOB) is a statement sent by Anthem explaining what your plan paid and what you owe for any medical procedures and/or services you received.

It’s important to carefully review your EOB to ensure that all services (e.g., preventive care) are listed correctly – and match the copy of the bill you received from your doctor.

SMARTERCARE CDHP PLANS AT-A-GLANCE

	SmarterCare Basic Plan		SmarterCare Essential Plan		SmarterCare Elite Plan	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Deductible						
Individual coverage	\$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)						
Individual coverage	\$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 Out-of-Pocket (OOP) Max	\$8,550 individual within family	Not Applicable	\$8,550 individual within family	Not Applicable	Not Applicable	
Coinsurance						
After Deductible	35%	50%	20%	50%	10%	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%
Primary Care Physician (PCP)	35%	50%	20%	50%	10%	50%
Specialist Care Physician (SCP)	35%	50%	20%	50%	10%	50%
Outpatient Surgery	35%	50%	20%	50%	10%	50%
Emergency Treatment						
Urgent Care	35%	50%	20%	50%	10%	50%
Emergency Room	35%*	35%*	20%*	20%*	10%*	10%*
Hospital Admission	35%	50%	20%	50%	10%	50%
Mental Health Services						
Mental Health and Substance Use Disorder	35%	50%	20%	50%	10%	50%

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

COMPARING MEDICAL COSTS

With most of the things we purchase, we often compare the costs charged by various merchants before deciding where to purchase the item or service.

However, it's often hard to find out what the cost of a medical treatment or service will be, but it's becoming increasingly easier as the medical community is beginning to share costs in advance.

Tips on Comparing Costs

Here are a few important tips on comparing costs:

- 1** **It never hurts to just call up a health provider and ask.** They will probably want to know your health insurance company and what plan you're in. That's because they've negotiated different rates with different companies. Just have your information ready when you call, but know that they may not be able to give you an exact amount.
- 2** **You can also go online to get an idea of the costs of various medical services.** The Anthem member portal provides cost information for you to consider. To access the cost estimator tool, log in to [anthem.com](https://www.anthem.com):
 - ▶ Log in to the Sydney Health app or [anthem.com](https://www.anthem.com)
 - ▶ Choose the Care icon (heart symbol) at the bottom of the screen
 - ▶ Click on *Find Care & Cost* (Find Care tool will guide you through the steps)
 - ▶ Search by entering the procedure or click on *Search by Procedures*



Cost vs. Quality

The quality and cost-effectiveness of care matters. But many people mistakenly believe that the more you pay for a health service, the better it must be. This is simply not true.

Studies have shown that the quality of medical care you receive can vary, and there is little or no relationship between the cost of treatment and the quality of that treatment. So, the cost of a treatment or service should not be the determining factor in what provider you use or medical treatment or service you receive.

The Anthem website can provide a wealth of information about doctors in your medical plan's network. And don't forget that network doctors have been screened by the health plan's medical staff already, with the quality of care a provider delivers being a major factor in that doctor gaining entry into the network.

Anthem members have access to high quality specialty care under the Blue Distinction Center (BDC), Blue Distinction Center Plus (BDC+) and Anthem Centers of Medical Excellence (CME).

- ▶ **Blue Distinction Center:** These providers have met or exceeded national quality standards for care delivery.
- ▶ **Blue Distinction Center Plus:** These providers have met or exceeded national quality and efficiency standards for care delivery.

Anthem Centers of Medical Excellence: These providers have met or exceeded national quality standards for care delivery. This program complements BDC/BDC+ and available in 14 states: California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, New Hampshire, Nevada, New York, Ohio, Virginia and Wisconsin.

BDC/BDC+ and Anthem CME's provide specialized care for the following conditions:

- ▶ Bariatric surgery for weight loss
- ▶ Cancer care
- ▶ Cardiac (heart) care
- ▶ Chimeric antigen receptor (CAR) T-cell immunotherapy
- ▶ Fertility care
- ▶ Gene therapy
- ▶ Knee and hip replacement
- ▶ Maternity care
- ▶ Spine surgery
- ▶ Substance use treatment and recovery
- ▶ Transplant care
- ▶ Ventricular assist device procedures

When you search for providers in the Anthem member portal, search results will have a "Recognitions" feature with CME, BDC or BDC+ designations for providers who meet certain quality requirements.

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.

The fact that one doctor charges more than another does not mean that the more expensive doctor is the better doctor. It could actually be the other way around.

GETTING THE RIGHT CARE WHEN YOU NEED IT

Knowing where to go to get medical treatment can affect how you pay for your care. Here's a look at how the plans cover treatment at different care centers.

	Why Would I Use This Care Center?	What Type of Care Would They Provide?	What Would That Cost Me In-Network?
Primary Care Physician (PCP)	If you need routine care or treatment for a current health issue	<ul style="list-style-type: none"> Preventive services, including routine checkups and immunizations Manage your general health 	SmarterCare Basic <ul style="list-style-type: none"> \$0, no deductible for preventive care 35% after deductible for non-preventive care SmarterCare Essential <ul style="list-style-type: none"> \$0, no deductible for preventive care 20% after deductible for non-preventive care SmarterCare Elite <ul style="list-style-type: none"> \$0, no deductible for preventive care 10% after deductible for non-preventive care
Anthem Virtual Care	If you can't get to the doctor's office, but your condition is not urgent or an emergency (phone or video consultation)	<ul style="list-style-type: none"> Common infections (e.g., strep throat) Minor skin condition (e.g., poison ivy) Dermatology services Behavioral Health services 	\$55 Medical consultation fee \$100 Dermatology Services consultation fee Behavioral Health: <ul style="list-style-type: none"> Therapy (non-MD): \$85 Psychology (MD): \$100 Psychiatry: \$185 (initial visit) Psychiatry: \$80 (follow-up visit)
Urgent Care Center	If you need care quickly, but it is not an emergency and your PCP is not available	<ul style="list-style-type: none"> Sprains Strains Minor broken bones Minor infections Minor burns 	SmarterCare Basic <ul style="list-style-type: none"> 35% after deductible SmarterCare Essential <ul style="list-style-type: none"> 20% after deductible SmarterCare Elite <ul style="list-style-type: none"> 10% after deductible
Emergency Room Care (for true emergencies)	If you need immediate care for a very serious or critical condition (For non-emergent use of the emergency room, employee pays 50% after deductible)	<ul style="list-style-type: none"> Large open wounds Chest pain Major burns Severe head injury Major broken bones 	SmarterCare Basic <ul style="list-style-type: none"> 35% after deductible SmarterCare Essential <ul style="list-style-type: none"> 20% after deductible SmarterCare Elite <ul style="list-style-type: none"> 10% after deductible

No Surprises Act (NSA)

The No Surprises Act (NSA) protects you from balance billing in certain situations where you do not have a choice in providers. This includes:

- ▶ Emergency services at out-of-network facilities
- ▶ Services provided by out-of-network providers (e.g. anesthesiologists) at in-network facilities
- ▶ Air ambulance services from out-of-network providers. Note that the NSA does not apply to ground ambulances

For more information, see the [No Surprises Billing Notice](#). You may also visit <https://www.cms.gov/nosurprises> for more information on your rights under federal law.

Anthem Virtual Care

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:

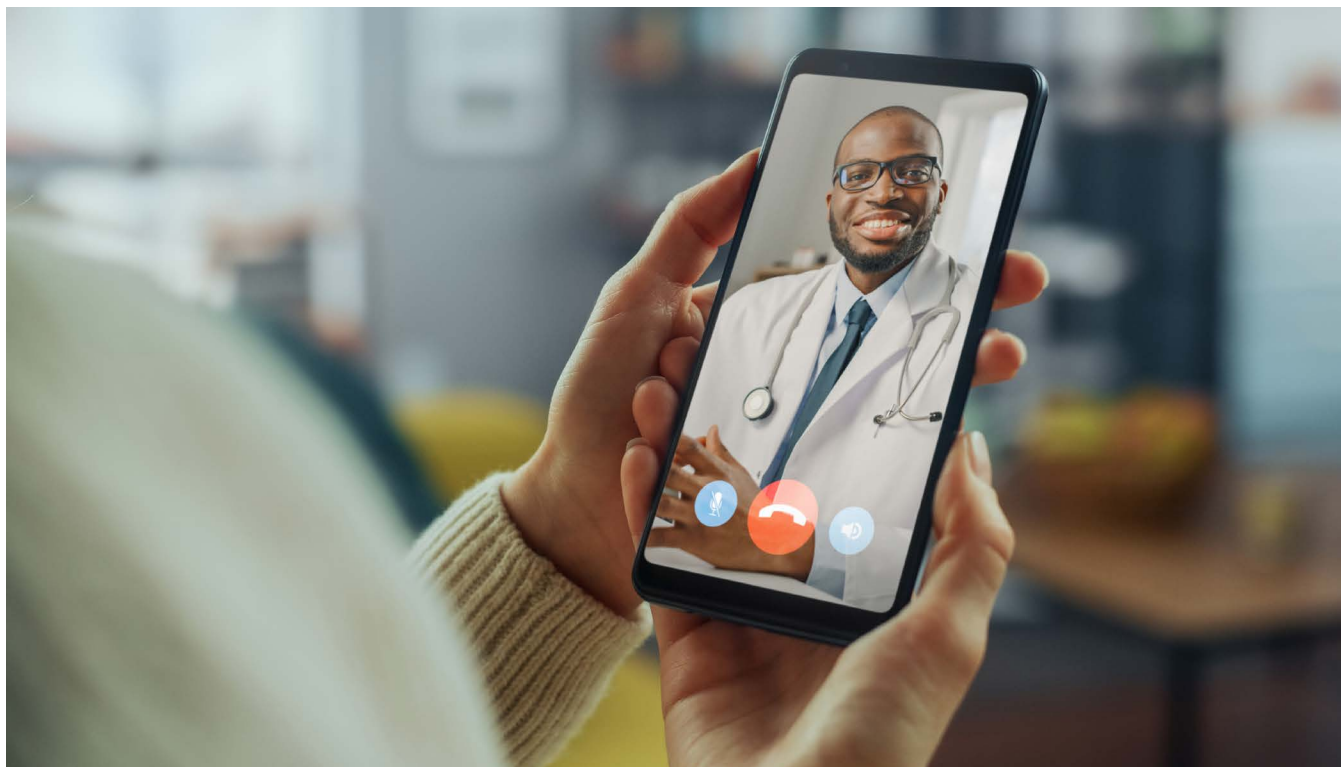
- ▶ Medical: \$55
- ▶ Dermatology: \$100
- ▶ Behavioral Health:
 - Therapy (non-MD): \$85
 - Psychology (MD): \$100
 - Psychiatry: \$185 (initial visit)
 - Psychiatry: \$80 (follow-up visits)

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](https://www.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*



WHAT HAPPENS WHEN YOU GO TO THE DOCTOR

WHEN - AND HOW - DO YOU PAY FOR CARE? JUST FOLLOW THESE STEPS WHEN YOU SEE THE DOCTOR.

1

Present your medical ID card at the time you receive care.

2

After your visit, your doctor will send a bill to Anthem. You may also receive a copy of this bill for your records – but you’re still not required to pay anything yet.

3

Next, you will receive an Explanation of Benefits (EOB) from Anthem showing what the plan pays and what you owe the doctor.

4

If you are in the Anthem network, review the amount listed under “Your Total Cost” on your EOB. That total is what you owe the doctor, less any previous payments you may have made for the services listed on the EOB.

5

For payment, you have the option to use your Health Savings Account (HSA) debit card to apply your HSA dollars toward your medical claims or to pay out-of-pocket and reimburse yourself from your HSA at a later time – using HSA funds directly provides the greatest convenience for you.

Your Explanation of Benefits (EOB) is a statement sent by Anthem explaining what your plan paid and what you owe for any medical procedures and/or services you received.

It’s important to carefully review your EOB to ensure that all services (e.g., preventive care) are listed correctly – and match the copy of the bill you received from your doctor.

Cost Savings Tip: Read Your Bills Carefully

Bills may contain mistakes that end up costing you money. Something as simple as an incorrect billing code could prompt your health plan to pay less than expected or even reject your claim.

Other common errors include:

- ▶ Mistakes in an account number
- ▶ Incomplete claims forms
- ▶ Claims sent to the wrong insurance company address by a doctor

If you catch an error, contact your health plan immediately. Follow up in a few weeks to make sure the mistake is corrected.

WHEN DEDUCTIBLES APPLY

Whether you’ve visited the doctor or filled a prescription, it’s important to know what you’re responsible for paying and what your medical plan covers. Your deductible, which you can pay using your HSA dollars, applies to all care other than preventive care. Use this chart as a guide to understand when your deductible applies.

Services (In-Network)	SmarterCare CDHP Plans	
	Deductible applies	Deductible doesn't apply
Personal doctor or specialist visit for preventive care (In-network only)		•
Preventive Care		•
Personal doctor or specialist visit for illness, injury or chronic condition	•	
Lab charges for test associated with preventive care visit		•
Lab charges for test associated with “sick” doctor visit	•	
Outpatient services	•	
Emergency room visits	•	
Inpatient hospital stays	•	
Nonpreventive prescription drugs	•	
Hearing Aids	•	



What You Should Know About the Deductible and Out-Of-Pocket Maximum

The SmarterCare medical plans are Consumer Directed Health Plans (CDHPs). Here's how the deductible and out-of-pocket maximum are required to work for CDHPs for purposes of compliance:

YOUR DEDUCTIBLE DEPENDS ON WHO YOU COVER:

EMPLOYEE-ONLY COVERAGE

For employee-only coverage, you meet the individual deductible.

SPOUSE/DOMESTIC PARTNER AND/OR CHILDREN COVERAGE

If you enroll your spouse or domestic partner and/or children, you and your dependents must meet the full family deductible before the plan shares in the cost of non-preventive care. The family deductible can be met by one family member or a combination of family members.

THE OUT-OF-POCKET MAXIMUM WORKS THE SAME:

EMPLOYEE-ONLY COVERAGE

The individual out-of-pocket maximum applies to employee-only coverage.

SPOUSE/DOMESTIC PARTNER AND/OR CHILDREN COVERAGE



If you enroll your spouse or domestic partner and/or children...



The family out-of-pocket maximum must be met before the plan begins paying 100 percent for any individual. However, for the SmarterCare Basic and Essential plans, if one individual within the family meets the embedded out-of-pocket maximum of \$8,550, the plan will begin paying 100% for that individual. The family out-of-pocket maximum limit can be met by one family member or a combination of family members.

Cost Savings Tip: Take Advantage of Preventive Screenings and Checkups

The plans provide coverage for preventive care – and no coinsurance or copay is required when seeing an in-network provider! Well-baby/child checkups, routine physicals and age-appropriate screenings are examples of preventive care covered by the plan that can help you and your family stay on top of any potential health issue.

WERE YOU BILLED FOR IN-NETWORK PREVENTIVE CARE OR DID YOUR DOCTOR INCORRECTLY CODE A PREVENTIVE SERVICE AS DIAGNOSTIC?

This may be a mistake, because in-network preventive care is covered 100 percent, no deductible. If you get a bill for a preventive service, be sure to contact your doctor to correct the billing codes.

WHAT ABOUT OUT-OF-NETWORK PREVENTIVE CARE?

The SmarterCare CDHP medical plans pay 50 percent after the deductible when you receive preventive care, tests or screenings outside of the network.

Note: For out-of-network care, you may be balance-billed for the difference between the provider billed amount and Anthem's maximum allowed amount.

Note:

If, as part of your checkup, you receive treatment or screenings for a condition for which you have already been diagnosed – for example, a bone scan for diagnosed osteoporosis – that service is not considered preventive care and the deductible and coinsurance will apply.



WHAT HAPPENS WHEN YOU NEED TO FILL A PRESCRIPTION

1. When you enroll in a SmarterCare CDHP medical plan, you automatically have prescription drug coverage through Capital Rx.

	SmarterCare Basic Plan			SmarterCare Essential Plan			SmarterCare Elite Plan		
	Retail ¹	Mail Order ²	Out-of-Network	Retail ¹	Mail Order ²	Out-of-Network	Retail ¹	Mail Order ²	Out-of-Network
Generic	\$10	\$20	Not Covered	\$10	\$20	Not Covered	\$10	\$20	Not Covered
Preferred Brand	35%	35%		20%	20%		10%	10%	
Non-Preferred Brand	50%	50%		50%	50%		50%	50%	

⁽¹⁾ Up to a 30 day supply

⁽²⁾ Includes Mail Order & Retail 90 Day Supply

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

Tip! Use your HSA to help cover out-of-pocket costs for prescriptions.

If you enroll in a SmarterCare CDHP medical plan, Leidos may contribute to your HSA (depending on the medical plan you elected, coverage tier and base annual salary) to help cover out-of-pocket medical and prescription drug costs.

2. The plans provide coverage for prescriptions filled through retail pharmacies or mail order.

Retail	Mail Order
<p>Choose retail when you need your prescription right away. You can get your prescription filled at thousands of network pharmacies around the country.</p> <p>Option 1: You can access a list of participating pharmacies on the Capital Rx microsite at https://enrollment.cap-rx.com/?client=leidos.</p> <p>Option 2: You can access a list of participating pharmacies near you by registering online at https://app.cap-rx.com/login.</p>	<p>Choose home delivery for prescriptions you take regularly. By signing up for mail order prescriptions, your medications are delivered to your home and you can conveniently manage your prescriptions online while saving time. Log in to https://app.cap-rx.com/login to get started.</p>

Whether You're Filling Your Prescription at a Retail Pharmacy or Through Mail Order, Here's What You Need to Do:

3. **Present your Capital Rx prescription card** when picking up your prescription or have it on hand when ordering through Costco Mail Order or Costco Specialty pharmacies.
4. **Under the medical plan options, you must meet the annual deductible before the plan begins sharing the cost for prescription drugs.** The deductible does not apply to certain preventive drugs, such as certain diabetic prescriptions and medications to treat and prevent hypertension, high cholesterol and asthma. See a [list of approved preventive medications](#).

Cost Savings Tips

1. ASK YOUR DOCTOR OR PHARMACIST ABOUT GENERIC VERSUS BRAND NAME DRUGS

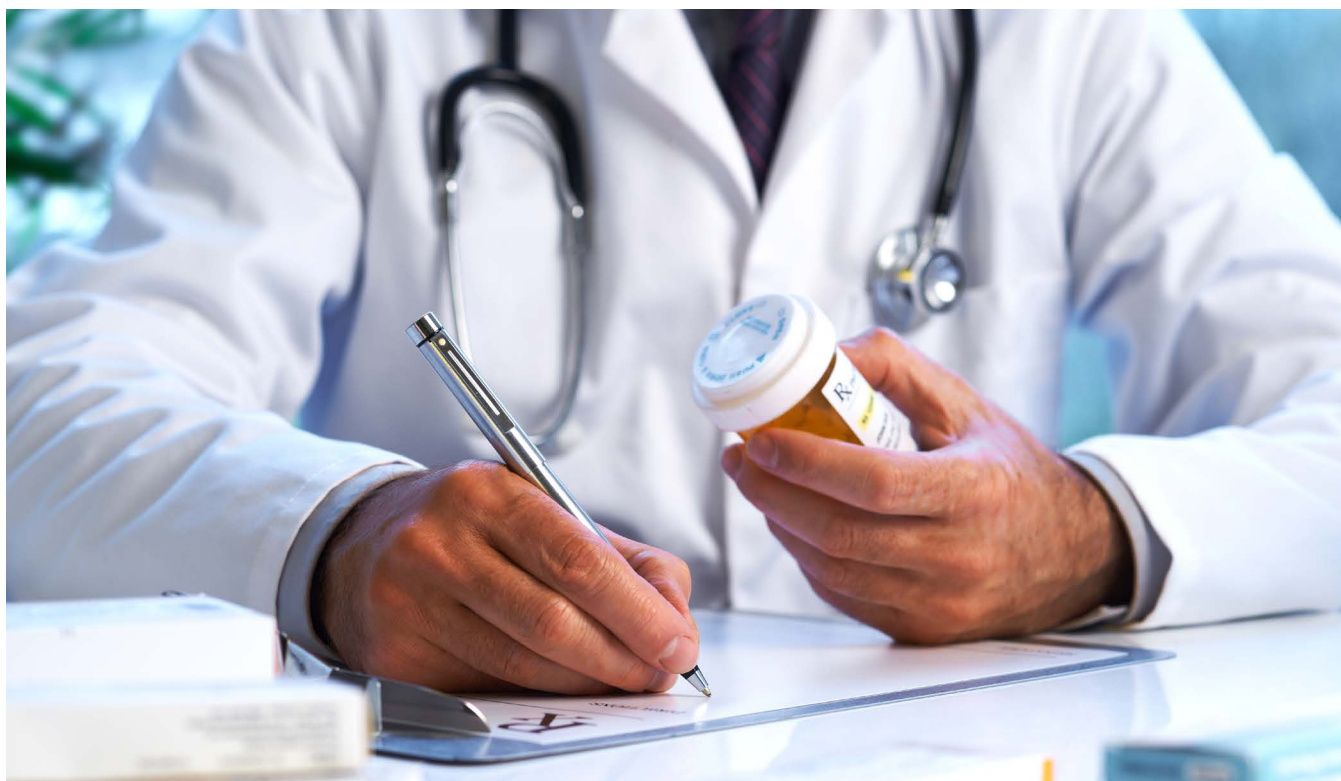
Instead of automatically purchasing a brand name medication, ask your doctor if a generic equivalent is available. Generic equivalent medications contain the same active ingredients and are subject to the same Federal Drug Administration (FDA) standards for quality, strength and purity as their brand name counterparts. Choosing generic drugs rather than brand name drugs can save you money.

2. KNOW WHY YOU ARE TAKING A MEDICATION

If you take multiple medications, talk with your physician or pharmacist to make sure you know the purpose of each one. Many times, there are duplications or unnecessary medications which are not only expensive, but put you at risk for increased side effects.

3. RX SMART SAVE

Rx Smart Save is an easy-to-use program that helps you save money on prescription medications. It identifies safe, effective, and lower-cost alternatives that are covered by your plan. When a more affordable option is available, you'll receive a notification through the Capital Rx app or member portal. To take advantage of the savings, you'll need to talk to your provider about the alternative and get a new prescription.



Using Costco Mail Order Pharmacy

DO YOU HAVE A NEW PRESCRIPTION OR REFILL?

If you have a...	
New Prescription	Refill
A new prescription can take up to 14 days upon receipt of the medication to receive if there are no issues with the prescription. To manage your mail order prescriptions or check the status of a prescription, contact Capital Rx at 833-202-5926 and follow the prompts. For medications delivered to your home, log in to your Costco Mail Order account at rx.costco.com or use the Costco mobile app.	You can refill a prescription at rx.costco.com . Once you login to your account, select "Refill Prescriptions". You may also call Costco Mail Order's 24 hours automated telephone system at 800-607-6861. Be sure to have your prescription number handy. Refills can take up to 14 days to be delivered to you.

Note: You may fill your maintenance medication at any in-network retail pharmacy that supports 90-day fills.

HOW TO GET STARTED

- Determine your cost (your out-of-pocket expense)**
Contact Capital Rx at 833-202-5926 or visit the [Capital Rx site](#) to review your medications and determine the cost for a 90-day supply through mail order.
- Provide a prescription for up to a 90-day supply with up to three refills (one-year supply) to Capital Rx**
Due to pharmacy regulations, existing prescriptions must be renewed annually – and sometimes more frequently if the medication is a controlled substance.

THERE ARE THREE WAYS YOU CAN PROVIDE YOUR PRESCRIPTION TO COSTCO MAIL ORDER:

- **Mail** – Go to rx.costco.com and login to your account. Select refill or new prescriptions. Follow the prompts to complete the request. Mail your paper prescription to Costco Pharmacy, 260 Logistics Ave., Suite B, Jeffersonville, IN 4713.
- **Provider E-Prescribing** – Many providers have access to technology that allows them to send an electronic prescription directly to Costco Mail Order. Ask your provider if they have access to e-prescribing. If they do, your prescriber can submit your prescription electronically to Costco Pharmacy Mail Order #1348, Zip Code 47130.
- **Fax** – Have your provider fax your prescription to 1-877-258-9584. Faxed prescriptions may only be sent by a doctor's office and must include patient information.

You do not need a Costco membership to use Costco Pharmacy Services. Both members and non-members can purchase prescription medications at Costco pharmacies, whether in-store or online.

Using Costco Specialty Pharmacy

If you manage complex or chronic health conditions, Costco Specialty Pharmacy provides personalized care and support including access to pharmacists and nurses for ongoing guidance, and help with insurance or prior authorizations.

SUBMITTING PRESCRIPTIONS

Your prescriber can send your prescription electronically to Costco Specialty Pharmacy #1710, Zip Code 53717 or fax your prescription to 855-213-0125. Make sure your prescriber includes your contact information. If prior authorization is required, your prescriber may need to take extra steps to submit your prescription.

FILLING YOUR PRESCRIPTION

A representative from Costco Specialty Pharmacy will call you to obtain more information and schedule your first delivery. Additionally, you may call Capital Rx at 833-202-5926 and follow the prompts for specialty pharmacy to confirm receipt of the prescription from the prescriber and order refills. Your prescription will arrive when and where you've requested.

MANAGING YOUR SPECIALTY MEDICATION

To manage your specialty medications, please register and log in to the Costco Specialty Pharmacy Portal at <https://specialty.rx.costco.com/login>. You can manage your prescriptions by calling Capital Rx at 833-202-5926 and follow the prompts for medications delivered to your home.

You do not need a Costco membership to use Costco Pharmacy Services. Both members and non-members can purchase prescription medications at Costco pharmacies, whether in-store or online.



PRESCRIPTION DRUG CLINICAL MANAGEMENT PROGRAMS

Prior Authorization

Prior Authorization is a feature of your prescription drug plan designed to ensure the safe, effective, and appropriate use of certain prescription drugs. These specific 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 using the most cost-effective drug therapy for a medical condition first. If the initial medication does not work, your doctor can request approval for a more costly drug therapy.

Quantity Limits

Quantity Limits help ensure prescription drugs are used safely and effectively. For certain prescription drugs, there may be a maximum amount that will be covered over a certain time period based on doctor recommendations, FDA guidelines and safety standards. This helps prevent taking too much of a medication and supports proper treatment.



Using Your Health Accounts

HEALTH SAVINGS ACCOUNT (HSA)

- ▶ **Money in an HSA has triple tax advantages***
 1. Money contributed to the account is contributed before federal taxes and most state taxes are calculated. This means that for every dollar you elect to contribute to your account, your taxable pay goes down.
 2. Money grows tax-free while in the account. Any earnings or investment returns on money in your account is not taxed while in the account.
 3. Money you withdraw for health (medical, dental, vision) expenses is not taxed. As long as you use money in your account for health expenses, you don't have to pay taxes on that money when you take it out.
- ▶ **Money in your account can roll over from one year to the next.**
- ▶ **You can invest money in your HSA.** Once your account balance reaches \$100, you can choose from among a number of investment funds to have amounts above \$100 invested. Any money not invested is FDIC insured and receives modest interest.
- ▶ **The money in your HSA is always yours.** You can take it with you if or when you leave Leidos for any reason.

** Account holders should consult a tax advisor. Tax references are at the federal level. State taxes may vary. State income taxes are waived on HSA contributions in almost all states, with the exception of California, New Jersey and Alabama.*



Getting Money Into Your HSA

THERE ARE TWO WAYS MONEY GOES INTO YOUR ACCOUNT:

From Leidos:	From You:
<ul style="list-style-type: none"> The Company may contribute to your HSA if you enroll in a SmarterCare CDHP medical plan and elect an HSA. The Company HSA contribution is based on your annual salary* and coverage tier. <p>Note: The Company contribution to your HSA will be made in equal installments on a per pay basis beginning in January.</p>	<p>You can make pre-tax contributions from your pay, or after-tax contributions directly to HSA Bank, up to:</p> <ul style="list-style-type: none"> \$4,400 for individual coverage \$8,750 for family coverage An extra \$1,000 if you are age 55, or older <p>Note: This maximum is reduced by any contribution you receive from Leidos.</p>

* The Company's contribution will not change in the event that salary and/or coverage tier change during the plan year (e.g., Employee Only to Employee + Spouse).

Making Changes to Your HSA Contributions

During the plan year, you may want to make changes to the amount you contribute to your HSA. You may want to:

- ▶ Put more money into your HSA to make sure you have enough money in your account to pay for an eligible expense
- ▶ Take advantage of the investment features of the HSA to build savings for health expenses in the future, or
- ▶ Reduce the amount you contribute

Whatever the reason, you can increase or decrease your HSA contribution at any time except in December. Go to [Workday](#) to change your contribution amount.

Note:

Your HSA contribution changes are effective the first day of the following month.

FLEXIBLE SPENDING ACCOUNTS (FSAS)

Take advantage of spending accounts that offer savings on eligible healthcare expenses. Money used to pay expenses is taken from your pay pre-tax, which lowers your taxable income. You'll never be taxed on the money you use from an FSA to pay eligible expenses.

Health Care FSAs in Review

LEIDOS OFFERS TWO TYPES OF HEALTH CARE FSAs ...

HSA-Compatible (Limited Purpose Health Care FSA)	Health Care FSA
<ul style="list-style-type: none">• You choose to contribute - up to \$3,400 - to the account during the year• 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">• You choose to contribute - up to \$3,400 - to the account during the year• Use it when you're not enrolled in a SmarterCare CDHP plan with HSA• For eligible medical, prescription drug, dental and vision expenses

Cost Savings Tips:

ESTIMATE CAREFULLY

Due to IRS regulations, you cannot change your FSA election amount during the year unless you have a qualified change in family status. If you have 2026 expenses that you need to submit for reimbursement, you have until April 30, 2027 to do so. It is important to note that any money left in your account at the end of the plan year will be forfeited.

TIP: You can use up to the total amount you choose to contribute to your account from scheduled payroll contributions for eligible healthcare expenses, even if those funds are not yet in your account.

Carry-Over Feature:

Don't forget that you are able to carry over up to \$680 of your unused Limited Purpose FSA or Health Care FSA balance remaining at the end of the year into 2027. The carry-over feature helps you avoid losing unused money at the end of the year!

Resources and Tools

Our health program administrators – Anthem and Capital Rx – provide information, resources and tools to help you get the most out of your health benefits. Be sure to register when you visit their sites to access all the resources available to you.

GET SUPPORT FOR YOUR MEDICAL PLAN AT ANTHEM.COM

Log into [anthem.com](https://www.anthem.com) to access your *My Health Dashboard* to explore programs. Click on *Programs* to access featured programs:

- ▶ Cancer (Cancer Management)
- ▶ 24/7 NurseLine
- ▶ Total Health Complete Case Management
- ▶ Behavioral Health Premium
- ▶ Autism Spectrum Disorder Program
- ▶ Preventive Health Guidelines
- ▶ LiveHealth Online (Lactation Consultation)
- ▶ Total Health Connections

JUST IN TIME CHAT

While actively searching for care providers, procedures, or community resources, you may receive a just-in-time clinical chat message designed to guide you and help you find the best match for the most effective care.

PREAUTHORIZATION TRACKER

You will have access to the real-time status of prior authorization requests on the Anthem member portal or the Sydney Health app.

TOTAL HEALTH COMPLETE CANCER SUPPORT

Anthem provides personalized guidance and comprehensive support for members navigating a cancer diagnosis. Through dedicated Family and Clinical Advocates, interdisciplinary clinical teams and evidence-based treatment pathways, the program helps you understand your treatment options and receive support at every stage of care from treatment planning to emotional and practical resources.

STRONGER TOGETHER

Anthem provides several community resources on the member portal. Click *Care*, then click on *Community Resources* for information on:

- ▶ Medical Care
- ▶ Mental Health Care
- ▶ Health Education
- ▶ Addiction & Recovery
- ▶ Emergency
- ▶ Housing
- ▶ Care
- ▶ Education
- ▶ Food
- ▶ Goods
- ▶ Legal
- ▶ Money
- ▶ Work
- ▶ Transit

BUILDING HEALTHY FAMILIES

Whether you are trying to conceive, expecting a child, or in the thick of raising young children, you can count on personalized support at every stage. When you enroll in *Building Healthy Families*, you will have unlimited access to digital tools and resources for pregnancy and beyond such as tracking your ovulation, monitoring health risks and updates on your pregnancy progress. You will also have access to a health coach via chat or phone, connect with a maternity nurse or access lactation support. You will also have access to a library of educational articles and videos.

Enroll via the Sydney Health mobile app or on [anthem.com](https://www.anthem.com).

Sydney Health App

View your benefits, access wellness tools, compare providers, check costs and get answers quickly through real-time live chat with your Anthem Family Advocate.

GET SUPPORT MANAGING YOUR PRESCRIPTIONS

For tools and resources to help you manage your prescriptions, visit the [Capital Rx Microsite](https://app.cap-rx.com/login) or login to the Capital Rx member portal at <https://app.cap-rx.com/login>. You will need to create an account to access the information.

Capital Rx can help you:

Manage home delivery medications – order prescription refills, track orders, renew prescriptions and get a personal savings report

Discover ways to save money on medications, such as using generics and home delivery

Comparison shop for possible cost-savings opportunities for medications you take regularly

Look for information about your medications and receive medication-related alerts on your personalized profile

Find a participating pharmacy near you

Ask a pharmacist questions anytime, day or night

Review your prescription history and view a financial summary of your prescription expenses



Manage your prescriptions from anywhere at anytime by creating an account at <https://app.cap-rx.com/login> or downloading the free Capital Rx mobile app.

CONTACTS

Benefit	Provider and Link	Phone Number
Anthem	anthem.com	1-833-549-1179
Anthem Virtual Care	anthem.com (Select Care and then select Virtual Care)	N/A
Benefits Information	Benefits Summary Plan Description website benefits.leidos.com/	N/A
Health Savings Account (HSA) and Flexible Spending Account (FSA)	HSA Bank Member Portal: https://myaccounts.hsabank.com	1-877-851-5276
Capital Rx Prescription Drug	Leidos-dedicated microsite: https://enrollment.cap-rx.com/?client=leidos Member Portal: https://app.cap-rx.com/login	833-202-5926

