

## Leidos Benefits Summary Plan Description

### Medical Plans

The chart below provides some basic plan information about the SmarterCare PPO Plan.

SmarterCare PPO Plan		
Anthem BCBS		
	In- Network	Out-of-Network
<b>Annual Deductible<sup>1</sup></b>		
• Employee Only	\$750	\$4,000
• Family	\$1,500	\$8,000
<b>Annual Out- of-Pocket Maximum<sup>2</sup> (includes deductible)</b>		
• Employee Only	\$2,000	\$8,000
• Family	\$4,000	\$16,000
<b>Preventive Care</b>	0%; no deductible	50% after deductible
<b>Office Visits (PCP)</b>	\$30 copay, no deductible	50% after deductible
<b>Office Visits (Specialist)</b>	\$60 copay, no deductible	50% after deductible
<b>Emergency Room</b>		
• Emergent Visit (no deductible)	• \$300 copay, plus 20% coinsurance	• \$300 copay, plus 20% coinsurance
• Non-emergent Visit (no deductible)	• \$300 copay, plus 50% coinsurance	• \$300 copay, plus 50% coinsurance
<b>Hospital Admission</b>	Deductible, then 20%	Deductible, then 50%
<b>Outpatient Lab and X-ray (non-routine)</b>	Deductible, then 20%	Deductible, then 50%
<b>Outpatient Surgery</b>	Deductible, then 20%	Deductible, then 50%
<b>Skilled Nursing Facility</b> 60 days per confinement. (Limit combined in and out-of-network)	Deductible, then 20%	Deductible, then 50%
<b>Home Health Care</b> 100 visits per year; 3 visits per day; up to 4 hours = 1 visit. Maximum visits combined with Private Duty Nursing	Deductible, then 20%	Deductible, then 50%
<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%	Deductible, then 50%
<b>Physical, Occupational and Speech Therapy - Office Professional</b>	<ul style="list-style-type: none"> <li>• PCP: \$30 per visit; no deductible</li> <li>• Specialist: \$60 per visit; no deductible</li> </ul>	Deductible, 50%

SmarterCare PPO Plan		
Anthem BCBS		
	In- Network	Out-of-Network
<b>Physical, Occupational and Speech Therapy – Outpatient Institutional</b>  As medically necessary. Limited to 60 combined visits per year. Limit combined in and out-of-network.	Deductible, 20%	Deductible, then 50%
<b>Durable Medical Equipment</b>	Deductible, 20%	Deductible, then 50%
<b>Hearing Aid Exam</b> (1 visit every 24 months. Limit combined in and out-of-network.)	Deductible, then 20%	Deductible, then 50%
<b>Hearing Aids</b> (\$2,500 per pair every 3 years; limit combined in-network and out-of-network)	Deductible, 20%	Deductible, 20%
<b>Mental Health and Substance Use Disorder – Inpatient</b>	Deductible, 20%	Deductible, then 50%
<b>Mental Health and Substance Use Disorder – Office Professional</b>	\$30 copay, no deductible	Deductible, then 50%
<b>Mental Health and Substance Abuse – Outpatient</b>	Deductible, then 20%	Deductible, then 50%
<b>Autism Spectrum Disorder Treatment</b>	Covered based on type of service and where it is received	Covered based on type of service and where it is received
<b>Applied Behavioral Analysis</b>	Covered based on type of service and where it is received	Covered based on type of service and where it is received
<b>Transplant Services<sup>3</sup></b>	BDCT/CME: Deductible, then 20% Non-BDCT/Non-CME: Deductible, then 50%	Deductible, then 50%

<sup>1</sup> Deductible is embedded. This means that once a member has met the individual deductible, the Plan will begin paying for that member's claims even if the family deductible has not been met.

<sup>2</sup> Out-of-pocket maximum is embedded. This means that once a member has met the individual OOP maximum, the Plan will begin paying 100% of that member's claims even if the family OOP max has not been met.

<sup>3</sup> Transplants must be performed 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)