LEIDOS
2027 Plan Year Benefit Summary

PLAN NAME	**SmarterCare Essential CDHP**
PLAN STATES	All 50 States
CUSTOMER SERVICE PHONE	1-833-549-1179
WEB ADDRESS	www.anthem.com

Benefit	In Network – Employee Pays	Out of Network[1] – Employee Pays
ANNUAL DEDUCTIBLE[2] (Integrated Deductible w/ Embedded OOPM)	$2,000 Individual $4,000 Family $4,000 Individual w/in Family deductible Not combined with Out-of-Network	$4,000 Individual $8,000 Family $8,000 Individual w/in Family deductible Not combined with In-Network
ANNUAL OUT-OF-POCKET MAXIMUM (Integrated Deductible w/ Embedded OOPM)	$5,000 Individual $10,000 Family $8,550 Individual w/in Family Plan pays 100% of eligible expenses after this amount has been satisfied. Not combined with Out-of-Network	$10,000 Individual $20,000 Family $20,000 Individual w/in Family Plan pays 100% of eligible expenses after this amount has been satisfied. Not combined with In-Network
LIFETIME MAXIMUM BENEFIT	Unlimited	Unlimited
OFFICE VISITS	20% after deductible	50% after deductible
LAB X-RAY DIAGNOSTICS	20% after deductible	50% after deductible
PREVENTIVE CARE	Adult routine care: covered at 100% (not subject to deductible); limit 1 per calendar year. Coverage for enhanced women's health benefits at 100%. Contact plan for specifics.	Adult routine care: covered at 50% after deductible; limit 1 per calendar year. Contact plan for specifics.
HOSPITAL CARE		
Inpatient	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
EMERGENCY CARE		
In-area	20% after deductible For non-emergent use of the emergency room, employee pays 50% after deductible	20% after deductible For non-emergent use of the emergency room, employee pays 50% after deductible
Out-of-area	20% after deductible For non-emergent use of the emergency room, employee pays 50% after deductible	20% after deductible For non-emergent use of the emergency room, employee pays 50% after deductible
PRESCRIPTIONS[3]		
Retail	After deductible, $10 generics, 20% brand and 50% non-formulary brand. Certain preventive drugs not subject to deductible.	Not covered
Mail-Order	After deductible, $20 generics, 20% brand and 50% non-formulary brand. Certain preventive drugs not subject to deductible.	Not covered
MENTAL HEALTH		
Inpatient	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
SUBSTANCE ABUSE		
Inpatient Detox and Rehab	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
CHIROPRACTIC	20% after deductible	50% after deductible
DURABLE MEDICAL EQUIPMENT	20% after deductible	50% after deductible
HEARING AIDS **Combined in-network and out-of-network limit**	20% after deductible $2,500 per pair every three years	20% after deductible $2,500 per pair every three years

[1] For physician charges, out-of-network benefits are based on 150% of the Medicare reimbursement amount. Does not apply to Mental Health and Substance Use Disorder claims. If a Medicare reimbursement is not available, Anthem will calculate the claim payment based on rates paid in that specific region. For facility charges, benefits are based on Anthem's maximum allowed amount.

[2] The family deductible is an aggregate deductible where you must satisfy entire deductible before the plan pays benefits for any member.

[3] Prescription Drugs are administered by Judi Rx.

Information contained in the summary is designed for general reference only. If there is any conflict between this benefit summary and the plan document/certificate, the plan document/certificate governs.