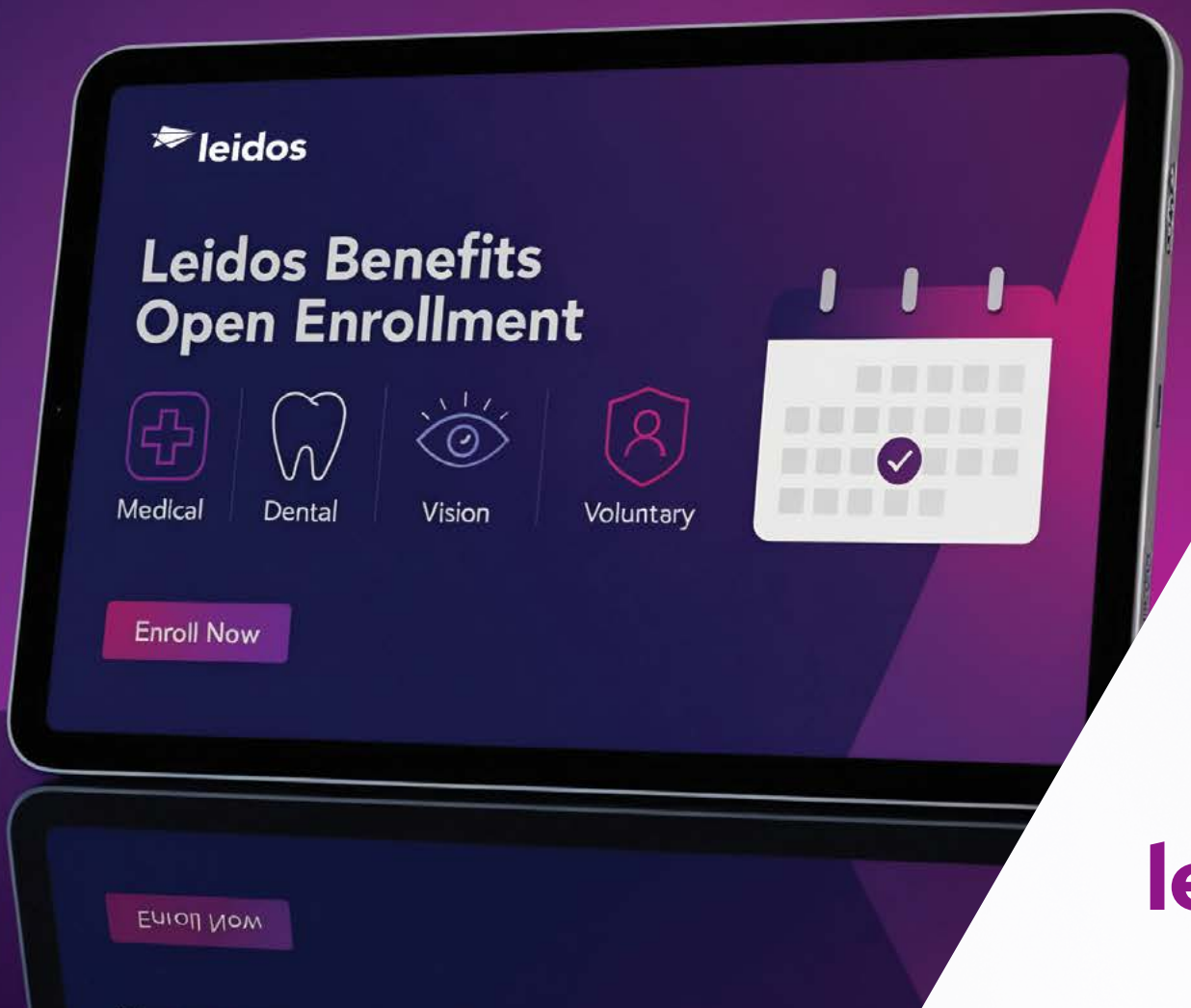
2027 BENEFITS OPEN ENROLLMENT GUIDE

Benefits for your health and well-being



leidos

IN THIS GUIDE

The information contained within these pages may be proprietary to Leidos and is principally intended for employees of Leidos and its subsidiaries only. The benefits described apply to U.S. benefits-eligible employees. This benefits information is not applicable to employees of Leidos Biomedical Research, Inc. or Leidos QTC Health Services. Represented employees are subject to the terms of their Collective Bargaining Agreements (CBA).

For additional information, visit the Benefits Summary Plan Description website at benefits.leidos.com.

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Disclaimer: ALEX provides a recommendation based on information that you provide and medical costs based on national averages. The personal information is limited, and the estimated medical costs may not reflect the actual cost of health services in your area. This tool is not meant to calculate the actual medical expenses to be incurred by you and any dependents in 2027. ALEX simply provides another data point which may aid you in choosing a plan that meets your needs and that of your enrolled dependents.

EXPLORE. ENGAGE. ENROLL.

Explore.

Get Started with Helpful Resources

Start here to explore your options and make informed decisions. Find additional tools and information on the 2027 Benefits Open Enrollment Prism page and in the Benefits Summary Plan Description at benefits.leidos.com.

Engage.

Ask ALEX for Benefits Help

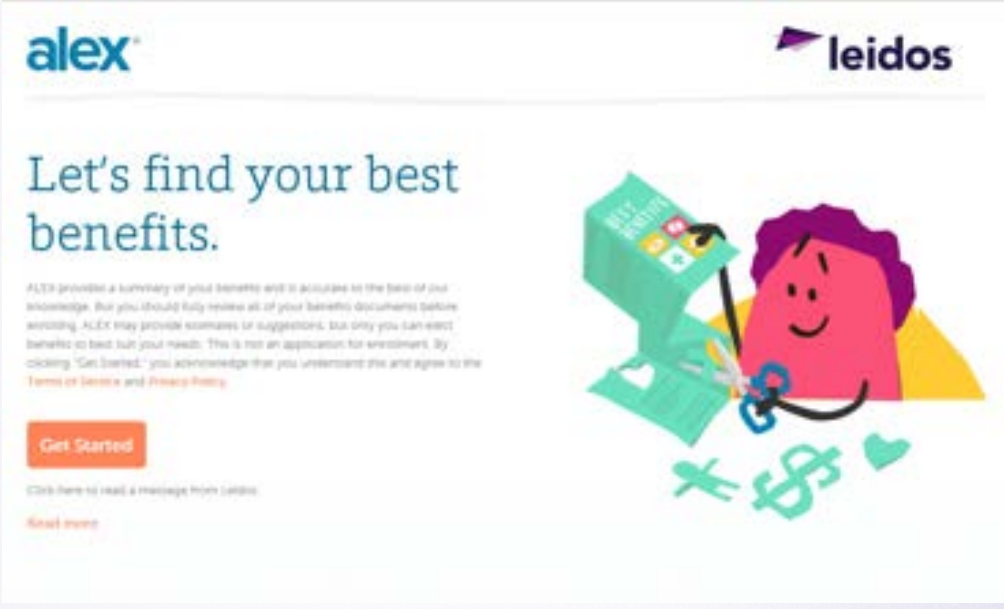
ALEX is a benefits decision support tool that explains your benefit options and helps you choose the plan that's best for you and your family.

ALEX prompts you for basic information about your personal situation, asks a few questions about how you anticipate using your healthcare (your answers remain anonymous, of course), and helps you figure out what to choose based on your responses.

Before you make your benefit elections in Workday, be sure to spend a few minutes with ALEX at www.myalex.com/leidos/2027.

ALEX Medicare

ALEX Medicare is a guided journey that helps you and your loved ones navigate and understand their Medicare options. ALEX Medicare is fully equipped with a video, text, and visual content library where you can "pick your path" on the content you want to learn about. ALEX Medicare asks you important questions to personalize your experience with content that makes the most sense to you and your health journey. Let ALEX walk you through all the ins and outs of Medicare, including what you are eligible for, how much it will cost, and how to enroll. Talk to ALEX Medicare at medicare.myalex.com/leidos.



If You Have Questions

Contact Employee Services for help with enrolling or benefit-related questions: 855-553-4367, option 3 or email: AskHR@leidos.com.

Changing Your Benefits During the Year

IRS regulations require that, once enrolled, you may not change your benefit elections until the next Open Enrollment period – unless you experience a qualified life event. Experiencing a qualified life event allows a participant to make some changes to coverage within 31 days of the event.

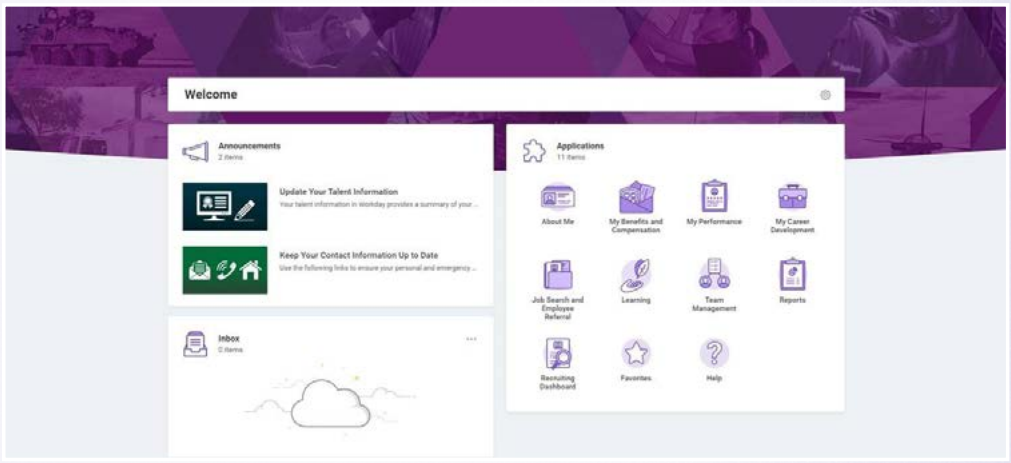
Prism Rates Tool

When you access the Prism Benefit Rate Tool, enter your home state and zip code (as listed in Workday), and select "See Your Benefit Rates."

Enroll.

Open Enrollment is Nov. 3 – Nov. 17

You can enroll in 2027 benefits beginning November 3 by accessing Workday through the link on Prism. **Note:** You will need an activated token if accessing Prism remotely. From the Workday homepage, locate and click the "Inbox" icon to find the Open Enrollment event and begin the enrollment process.



If you don't enroll

If you do not enroll by Nov. 17, you may be defaulted to your current 2026 elections with the exception of HSA, FSA, and any contribution to the Group Universal Life (GUL) Insurance Cash Accumulation Fund (CAF), which do not roll over. You will need to actively enroll in these benefits if you want them for next year, 2027.

ENTRUST Employees: If you don't enroll, you will not have medical, dental, vision or disability benefits through Leidos for 2027 and will default to only the company-provided benefits (i.e., Basic Life Insurance, Basic AD&D Insurance, Business Travel Accident Insurance, EAP, and the well-being program). Additionally, current Optional Employee Life, Optional Spouse Life, Optional Child Life and/or Voluntary Accidental Death and Dismemberment (AD&D) election(s) will carry over to 2027.

Benefit Premiums

By enrolling in Leidos-sponsored benefits, you understand and accept that your benefit elections may result in deductions from your paycheck. If you do not receive a paycheck for any reason (e.g., unpaid leave, Family Medical Leave Act, or other federally protected leave) or you receive a paycheck but there is insufficient funds available for payment of your benefit premiums for that period, any missed benefit premiums will be accrued in the payroll system for future deduction from your pay. Once you receive a paycheck with sufficient funds, the premium arrears will be deducted in addition to your usual biweekly or weekly benefit premiums. Please be advised that if premiums are in arrears for more than 30 days, your coverage may be canceled at any time thereafter, retroactive to your last payment of premiums, unless prohibited by law.

WHAT'S NEW OR CHANGING FOR 2027

Health Savings Account (HSA)/Flexible Spending Accounts (FSAs)

HSA

- Increase to IRS HSA limits for 2027 - $4,500 maximum for single coverage and $9,000 maximum for family coverage.

FSA

- Healthcare FSA limit will remain the same for 2027 - $3,400 annually
- Healthcare FSA carryover amount allowed under IRS regulations will also remain the same - $680
- Dependent Care FSA limit will remain the same for 2027 - $7,500 annually if single or married filing jointly ($3,750 annually if married filing separately)

Beneplace Voluntary Benefit Offerings

Metlife Critical Illness

Leidos will discontinue the Critical Illness Insurance offering provided through Beneplace/MetLife after Dec. 31, 2026. As a replacement, Leidos will offer this benefit through our partnership with Prudential. Refer to the Prudential Supplemental Health section of this guide on page 40 for information on the new offering.

Note: If you are currently enrolled in the Critical Illness Insurance plan with MetLife, you will have the option to continue your coverage after Dec. 31, 2026, at the same monthly premium directly with MetLife.

Genomic Life

Starting in 2027, Genomic Life is introducing two new cancer screenings at no additional cost:

- For members whose Genetic Health Screen shows that they're at higher-than-average risk of developing cancer, they will have access to a blood test that can help detect more than 50 types of cancer.
- The Genomic Life navigation team will begin helping members access non-invasive, at-home colon cancer screening as an alternative to colonoscopies.

ARAG Legal Plan

Starting in 2027, ARAG has expanded the services available to parents and grandparents:

- **Irrevocable Trust** – Your parents/grandparents can work with a network attorney to create an irrevocable trust, which generally cannot be changed or canceled once it takes effect, meaning its terms must be followed as written.
- **Revocable Trust** – Created during your parents'/grandparents' lifetime, this allows them to manage and distribute their assets while retaining control and make changes or revoke it at any time.

Additional Benefits

Prudential Supplemental Health Benefits

- **NEW Critical Illness Insurance** - Leidos has partnered with Prudential to offer Critical Illness Insurance starting in 2027. There are two options available – $15,000 coverage or $30,000 coverage. You and your eligible family members are guaranteed coverage – there are no medical exams required. You can enroll in Critical Illness Insurance via the Workday Open Enrollment event.
- **NEW Hospital Indemnity Insurance options** - Leidos is expanding its Prudential Hospital Indemnity Insurance benefit offering to include both Low and High plan options. Current enrollees will be mapped to High Plan for 2027.



ELIGIBILITY

If you are regularly scheduled to work at least 12 hours per week, you are eligible for Leidos benefits.

- Full-time: 30–40 regularly scheduled hours per week.
- Part-time: 12–29 regularly scheduled hours per week.
- Consulting Employees will be eligible to enroll in medical coverage only. Coverage is 100% employee paid on a post-tax basis. Consulting Employees that enroll in a SmarterCare medical plan will not be eligible for a Leidos sponsored Health Savings Account (HSA).

Eligibility for certain medical and dental plans may be determined by your home ZIP code.

Refer to the Benefits Summary Plan Description website at benefits.leidos.com for more information.

Double Coverage Prohibited

You may not cover a spouse, registered domestic partner, or dependent child if that individual is also a Leidos employee and has elected their own coverage.

Eligible Dependents

- Your legal spouse or domestic partner
- Dependent children up to age 26, regardless of student status
- Unmarried children beyond the age of 26 who are incapable of self-support due to physical or mental disability.
  - Children include your natural child, legally adopted child, child placed with you for adoption, stepchild, child of your domestic partner, or any other child who depends on you for support and lives with you in a parent-child relationship and for whom you can provide proof of legal guardianship.

A complete description of Leidos eligible dependent guidelines is available on the Benefits Summary Plan Description website at benefits.leidos.com.

To enroll a domestic partner, you must provide the following documentation to our Dependent Eligibility Verification (DEV) administrator, Alight:

- Proof of financial partnership; and
- Either proof that your domestic partnership is registered with a state or local domestic partner registry or a completed Declaration of Domestic Partnership.

For additional information, contact Employee Services at AskHR@leidos.com or by phone at **855-553-4367**, option 3.

Note: The law requires that you are taxed on contributions for medical and dental coverage for your domestic partner and the children of your domestic partner, unless those children are considered tax dependents. Also, to qualify for coverage under the life insurance programs, a registered domestic partner's child must reside with the participant and be born to or legally adopted by the registered domestic partner.

Dependent Eligibility Verification

The Dependent Eligibility Verification (DEV) program is administered by Alight. At the conclusion of the enrollment period, you will be asked to verify any dependents added to your benefits for the 2027 plan year. Alight will contact you by mail to the home address you have listed in Workday. You will be required to provide the following documents:

- Proof of marital status:
  - If married within the past 12 months: a copy of the marriage certificate only.
  - If married for more than 12 months: redacted recent tax return; or a copy of the marriage certificate AND proof of financial partnership (bank statement, mortgage statement, etc.).
- Proof of domestic partnership: proof of financial partnership along with either (1) proof of registration with a state or local domestic partner registry or (2) a Declaration of Domestic Partnership form
- Proof of parent/child relationship: birth certificate, recent hospital record, adoption paperwork, report of birth abroad, or legal guardianship document.



Random DEV

Alight also conducts a random DEV each year to ensure that a dependent's eligibility remains unchanged. If selected for the random verification, you must complete the verification process even if your dependent was previously verified.

If you fail to submit the required documentation, or if the documents you submit are insufficient or incomplete, your dependent(s) will be removed from coverage.

Overage Disabled Dependent Child Eligibility Verification:

For an overage disabled dependent child, Alight verifies the parent/child relationship and proof of financial support. Your medical carrier conducts the disability verification and will contact you directly to obtain the required medical certification.

- **Anthem:** Coverage will be pended while Anthem completes the medical certification process. Once the dependent is certified as eligible, coverage will be applied retroactively to the applicable effective date, with no gap in coverage. For previously certified disabilities that are subject to recertification, claims will pend during the recertification period and will be processed once the employee completes the medical certification process.
- **Kaiser:** For a new hire dependent, coverage will be pended while the medical certification is being reviewed. Once the certification is approved, coverage will be applied retroactively to the employee's date of hire, with no gap in coverage. For an existing covered dependent, coverage will be terminated if the verification process remains ongoing by the end of the month in which the dependent turns age 26. If the medical certification is subsequently completed and approved, coverage will be reinstated retroactively, with no lapse in coverage. Temporary disabilities may require periodic reverification.
- **Triple S:** Before the dependent turns age 26, the employee must submit medical documentation demonstrating the dependent's disability in order to continue coverage after age 26.
- **HMSA:** The employee must complete the required disability medical certification forms for HMSA to process enrollment.

Take Note! Spousal Surcharge

Leidos offers coverage to all spouses and domestic partners. However, for those who have other medical coverage available to them and they waive that coverage, there will be an additional cost of $100 per month to cover them under the Leidos medical plan.

The spousal surcharge would not apply if your spouse/domestic partner is:

- Currently employed by Leidos
- Enrolled in coverage through the Marketplace or a private plan
- Not employed
- Eligible for Medicare (but not another employer-sponsored medical plan)
- Not offered/eligible for medical coverage through their employer

Spousal Surcharge Certification

I certify that my spouse does not have employer-provided healthcare coverage available to him/her. I understand that if I knowingly and willfully submit false information to Leidos in order to obtain a spousal surcharge waiver, or fail to immediately notify Leidos that I am no longer eligible for a spousal surcharge waiver, I will be subject to disciplinary action, up to and including termination of employment, and I will be required to repay all surcharges that were waived.



YOUR HEALTH

Anthem Blue Cross Blue Shield

Leidos partners with Anthem Blue Cross Blue Shield (BCBS) as the administrator of our Consumer Directed Health Plans (CDHPs) and our Preferred Provider Organization (PPO) plan.

How to Find an In-Network Provider

- Visit anthem.com/find-care
- Scroll down to "Use Member ID for Basic Search"
- Enter the corresponding prefix for your location:

Important Note About Medical Coverage For Dependents

Leidos must report to the IRS the names and social security numbers of everyone covered by our company-sponsored medical plans. Therefore, if you are enrolling dependents in the medical plans, you must include their social security numbers.

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 your home (within 25 miles), the Plan will cover an out-of-network provider at the in-network level. You must call Anthem to arrange for a 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.

Disclaimer:

If you elect to participate in one of our SmarterCare plans, your claims data and other personal health information (PHI) may be used in the administration of various medical, and other wellbeing programs

Out-of-Network

If you choose to see an out-of-network provider without a network deficiency accommodation, 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.

Anthem BCBS Provider Recognitions

Anthem BCBS recognizes providers who are committed to delivering better health outcomes. Review the provider directory to ensure your preferred providers are in-network.

Quality Provider Designations

Anthem BCBS recognizes providers who are committed to delivering better health outcomes. When you search for providers on the Anthem BCBS 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.

Members also have access to high quality facilities. Look for these designations if you are having surgery or a major procedure:

- **Blue Distinction Center (BDC):** These providers have met or exceeded national quality standards for care delivery.
- **Blue Distinction Center Plus (BDC+):** These providers have met or exceeded national quality and efficiency standards of care delivery.
- **Anthem Centers of Medical Excellence:** These providers have met or exceeded national quality standards for care delivery and complements BDC/BDC+. These are available in California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, New Hampshire, Nevada, New York, Ohio, Virginia and Wisconsin.

ID Cards

Anthem BCBS members will be provided a digital ID card accessible through the member portal or the Sydney Health app. Members who prefer a physical ID card may request one directly through the same channels.



Anthem Sydney Health App

The Sydney Health app provides members with a personalized digital platform offering easy access to benefit information:

- Receive tailored alerts such as reminders to schedule a mammogram or flu shot and engage with recommended health programs
- Connect with your dedicated Family Advocate
- Get immediate visibility to your ID card, claims, benefits and out-of-pocket costs
- Find in-network providers (including virtual care) and compare costs

Anthem Total Health Connections

Anthem Total Health Connections provides high-touch, enhanced member support and concierge navigation for you and your family. You can connect with Anthem via your preferred communication channel, such as telephone, online chat, mobile chat, text, secure email, or requesting a call back via their website. Advocates work to simplify healthcare by providing relevant, timely and personalized health information to support your journey to better health. Their goal is to leave you with "no health homework."

Dedicated Family Advocate – Your single point-of-contact for benefit support, including questions about coverage, claims and billing. They can also help you get pre-authorizations and assist with appointment scheduling and provide guidance on navigating health care.

Dedicated Clinical Advocate – Single point-of contact for high-risk members with chronic and acute care needs to ensure they are receiving the right care at the right time. They help members stay on track with treatment plans, build self-management skills and close gaps in care.

Just In Time Chat – This feature enables Anthem's clinical team to offer members the right support at the right time. When members actively search for care providers, procedures or community resources in Anthem's Sydney Health app, they will receive a just-in-time clinical chat message to help guide them and find the best match for the best possible outcomes.

Prior Authorization Tracker – Members can access the prior authorization tracker to monitor the status of their requests in real-time. When prior authorization is needed, they will see up-to-date details such as service dates, care provider, reference numbers, and the number of approved visits or days.



SmarterCare PPO Medical Plan

The SmarterCare PPO medical plan, administered by Anthem BCBS, provides comprehensive medical benefits and quality care.

	SmarterCare PPO Plan [1]	
In-network (INN) / Out-of-network (OON)	**In-Network**	**Out-Of-Network**
Deductible* (EE Only / All other coverage tiers)	$750/ $1,500	$4,000/ $8,000
Out-of-Pocket (OOP) Max** (EE Only /All other coverage tiers)	$2,000/ $4,000	$8,000/ $16,000
Coinsurance	20%	50%
Office Visits (PCP)	$30 copay, no Ded	50% after deductible
Office Visits (Specialist)	$60 copay, no Ded	50% after deductible
Inpatient Hospital Facility / Physician	20% after deductible	50% after deductible
Outpatient Hospital Facility / Physician	20% after deductible	50% after deductible
Emergency Room Copay***	$300 copay, plus 20% coinsurance	$300 copay, plus 20% coinsurance
Transplants****	after deductible: BDCT: 20%; non-BDCT: 50%	50% after deductible
Inpatient Mental Health and Substance Use Disorder	20% after deductible	50% after deductible
Office Professional- Mental Health and Substance Use Disorder	$30 copay, no deductible	50% after deductible

*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. The INN and OON deductibles accumulate separately and cannot be combined.

**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. The INN and OON out-of-pocket maximums accumulate separately and cannot be combined.

***For non-emergent use of emergency room, member pays a $300 copay, plus 50% coinsurance.



SmarterCare CDHP Plans

The Consumer Directed Health Plan (CDHP) medical plans are self-funded by Leidos, which means that Leidos pays the plan's portion of all medical claims.

You have three CDHP options to choose from:

- SmarterCare Basic Plan
- SmarterCare Essential Plan
- SmarterCare Elite Plan

The plans provide:

- Flexibility to see any provider, but you'll pay lower costs when you receive in-network care.
- Prescription drug coverage, with greater savings when using generics and the mail order pharmacy.
- An HSA to help you pay for current eligible expenses with pre-tax dollars, as well as to save for future healthcare expenses.

How the SmarterCare CDHP Medical Plans Work

- In-network preventive care, e.g., annual physicals, routine tests, and screenings, is covered at 100%.
- Other than in-network preventive care, you pay a certain amount out-of-pocket, before the plan begins to pay for care – that's your annual deductible. You have access to in-network discounts even before you meet your annual deductible.
- After you reach your annual deductible, the plan pays a percentage of the cost of most care. (You pay the remaining percentage, or co-insurance).
- Your out-of-pocket costs are limited to an out-of-pocket maximum – which is the most you may pay in one year.

What to consider when selecting a plan

When choosing your medical coverage, you should carefully review and consider the following:

Your annual premiums – The annual premium you pay for medical coverage is divided evenly across the year, with a portion deducted from each paycheck on a pre-tax basis. It's important to note that plans with a lower deductible have a higher premium. Likewise, a plan with a higher deductible will have a lower premium.

The plan design – Review the plan's deductible, coinsurance and out-of-pocket maximum to ensure you understand how the medical plan works.

Your estimated annual expenses for you and your covered dependents – Review medical and prescription needs from the current year to assist you with predicting costs for the upcoming year. You should also consider the cost of any procedures you or your covered dependents anticipate for 2027.

As you evaluate the plan options, consider your premiums, deductibles, and out-of-pocket maximums together with Leidos contributions towards your HSA.



How Much You Pay for Covered Expenses

	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[1]	Not Applicable	$8,550 individual within family[1]	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[2]	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%

[1]This means that once a member has paid $8,550 in eligible claims, the Plan will start paying 100% of that member's claims for the rest of the year, even if the family OOP maximum has not been met.
[2]For non-emergent use of the emergency room, employee pays 50% after deductible.
[3]The in-network and out-of-network deductibles and OOP maximums accumulate separately and cannot be combined.

Additional Benefits Available to SmarterCare Plan Participants

Anthem Virtual Care

Anthem Virtual Care is available to employees enrolled in the SmarterCare 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 dietitian.

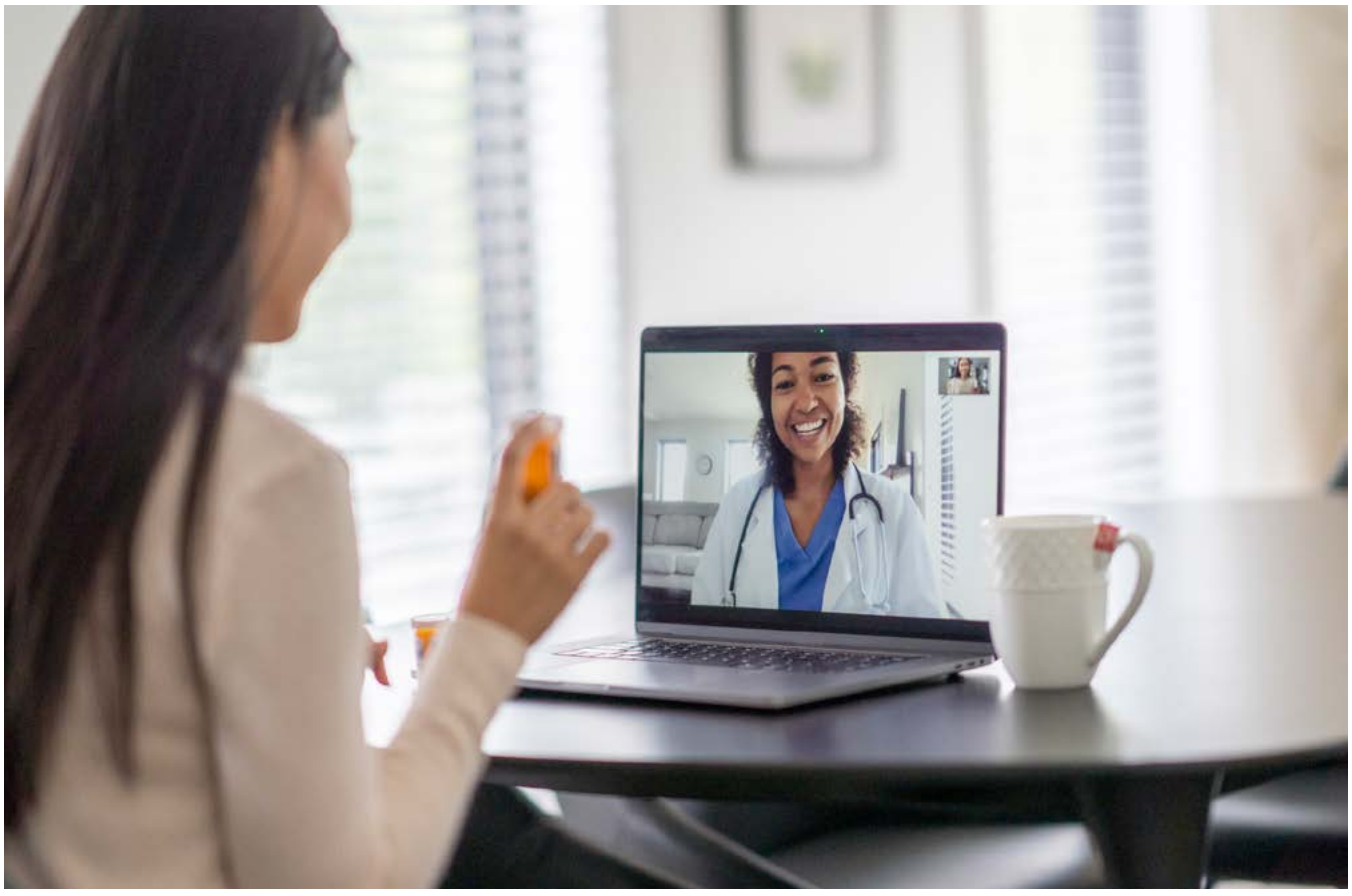
When using Anthem Virtual Care, you will see the cost of your visit before the consultation begins.

- Under the SmarterCare CDHP plans, consultation fees are covered at 100% once you meet the annual deductible.
- Under the SmarterCare PPO, Anthem Virtual Care is not subject to the deductible.

How to access virtual care:

You may access Anthem Virtual Care by downloading the Sydney Health App or by visiting anthem.com:

- Register and log in.
- Once you register, your username and password are the same for the Sydney Health app and anthem.com.
- Select Care and then select Virtual Care.



Prescription Drugs

If you are enrolled in one of the SmarterCare CDHP medical plans, or the SmarterCare PPO Plan, you have access to prescription drug coverage administered by Judi Rx (formerly Capital Rx). Judi Rx manages your prescription benefits and works to improve prescription pricing and patient care to support long-term, positive change in the healthcare system.

Paying for Prescription Drugs with the SmarterCare CDHP Plans

With a CDHP, you pay the full price of prescription drugs until you meet the deductible for generic, preferred brand and non-preferred brand medications. That's really important to understand, especially for you and your covered dependents managing serious conditions that are treated with costly medications. Refer to the chart below to see what you pay for prescriptions after you meet your deductible.

The medical plan deductible does not apply to certain preventive drugs, such as many medications to treat and prevent hypertension, high cholesterol, and asthma. Visit the SmarterCare CDHP Medical Plans page on the Benefit Summary Plan Description website benefits.leidos.com for more information.

Judi Rx

Leidos-dedicated website

Phone:

833-202-5926

	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.

Paying for Prescription Drugs Under the SmarterCare PPO Plan

Prescription drug costs under the SmarterCare PPO plan vary by drug tier. Generic drugs are covered with a fixed copay, while preferred brand and non-preferred brand drugs are subject to coinsurance. You do not need to meet the deductible before the plan begins covering your prescriptions – you will only pay the applicable copay or coinsurance.

Note that prescription copays and coinsurance do not count towards meeting your deductible.

	Retail (Up to a 30-Day Supply)	Mail Order (Includes Mail Order & Retail 90-Day Supply)	Out-of-Network
Generic	$10	$20	Not Covered
Preferred Brand	20%	20%	
Non-Preferred Brand	50%	50%	

Filling Your Prescription Drugs

You can fill your prescriptions at any in-network retail pharmacy. To find one near you, use the pharmacy locator search tool available on Leidos' dedicated Judi Rx Website.

If you take a maintenance medication, you are required to fill it in a 90-day supply. This requirement helps reduce costs and ensures uninterrupted access to your ongoing prescriptions. You can fill 90-day supplies of your maintenance medication at any in-network retail pharmacy that supports them or through Costco Mail Order. If you continue to fill maintenance medications in less than a 90-day supply, starting with the third fill, you'll be responsible for paying the full cost of the medication. These costs will not count toward your deductible or out-of-pocket maximum.

You have access to both Costco Mail Order Pharmacy and Costco Specialty Pharmacy through Judi Rx. This means you can get your maintenance and specialty medications delivered right to your door, with personalized support to help you manage your health and save money. No Costco membership is needed to use these pharmacy services.

Costco Mail Order

As part of your pharmacy benefits, Costco Mail Order through Judi Rx offers a convenient and cost-effective way to receive your maintenance medications.

With this service, you can:

- Have prescriptions delivered directly to your home — no need to visit a pharmacy
- Save money, especially when choosing generic medications
- Enjoy free standard shipping and professional pharmacy support

Costco Specialty

If you manage complex or chronic health conditions, Costco Specialty provides personalized care and support. You'll receive free two-day delivery of your medications once delivery has been scheduled, access to pharmacists and nurses for ongoing guidance, and help with insurance or prior authorizations.

You do not need a Costco membership to use Costco Mail Order or Costco Specialty pharmacy services. Both members and non-members can purchase prescription medications at Costco pharmacies, whether in-store or online.



Prescription Drug Clinical Management Programs for the SmarterCare Plans

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.



Ways to Save on Prescription Drugs

Ask your doctor or pharmacist about generic versus brand name drugs. 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 rather than brand name drugs can save you money.

Rx Smart Save is a smart, 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 Judi Rx app or web portal. To take advantage of the savings, you'll need to talk to your provider about the alternative and get a new prescription.

Health Savings Account (HSA)

An HSA is a great tax-advantaged opportunity. You can use the account to pay for qualified health expenses with tax-free dollars. The SmarterCare CDHP medical plans feature an HSA, designed to help you save for current and future medical expenses.

Who's Eligible to Enroll in an HSA?

IRS guidelines dictate HSA eligibility. If you can answer YES to any of the below questions, you will still be eligible to enroll in a SmarterCare CDHP medical plan but NOT eligible to participate in an HSA.

- Are you enrolled in Medicare or TRICARE?
- For the plan year 2027, will you be enrolled in a medical plan or program in addition to the plan such as your spouse's/partner's HMO or traditional PPO plan or standard Healthcare FSA?

Note: If you're enrolled in an HSA, you can also enroll in a Limited Purpose FSA to cover eligible dental and vision expenses – but you cannot enroll in a standard Healthcare FSA.

How the SmarterCare CDHP Plans and the HSA Work Together

SmarterCare You start with tax-free contributions to the HSA	**Paying for Care When Needed** You can use your HSA to pay your share of qualified medical expenses	**Carrying Funds Forward** If you have HSA dollars left…
Your contributions + Company contributions (if eligible)	You pay 100% until you meet the deductible* You and the company share costs (co-insurance depending on the plan) After you meet out-of-pocket max, company pays 100%	Unused dollars carry forward to 2027 and beyond

*Except for in-network preventive care.

Leidos May Also Contribute to Your HSA

In addition to your pre-tax contributions, Leidos may contribute to your HSA. The amount Leidos will contribute is based on the plan you choose, your coverage level and your annual base salary. The company contribution to your HSA will be made in equal installments on a biweekly basis. To determine your company contribution, refer to the chart below:

	SmarterCare Basic Plan		**SmarterCare Essential Plan**		**SmarterCare Elite Plan**	
Annual Base Salary	Employee only	Employee + Spouse; Employee + Children; Family	Employee only	Employee + Spouse; Employee + Children; Family	Employee only	Employee + Spouse; Employee + Children; Family
$85,000 or less	$0	$0	$9.61	$19.23	$19.23	$38.46
$85,001–$150,000	$0	$0	$4.80	$9.61	$9.61	$19.23
$150,001 or greater	$0	$0	$0	$0	$0	$0

Note: In the event that salary and/or coverage level change during the year (e.g., Employee only to Employee + Spouse), the company's contribution will not change.

What You Need to Know about HSAs

- You must re-enroll every year to participate.
- You can make pre-tax contributions through payroll deductions. The IRS maximum contribution in 2027 is $4,500 for employee only coverage, or $9,000 for all other coverage levels. This annual limit includes any contributions made by Leidos through biweekly company contributions and/or incentives earned through participation in well-being activities. If you are aged 55 or older at any point during 2027, you can make an additional $1,000 contribution via Workday by choosing the HSA Bank with Catch Up Contribution plan or by sending payment directly to HSA Bank.
- You can make additional, post-tax contributions at any time during the year by sending a check to HSA Bank. Keep in mind that any post-tax contribution that you make applies to the annual IRS maximum.
- The funds in your account roll over from year to year and there is no limit to how much you can accumulate over time. You will never be taxed on this money (as long as it's used for qualified medical expenses); and once your balance reaches $100, you can choose to invest it in a range of funds through HSA Bank. Remember, all investing is subject to risk; consult a financial advisor for assistance.

Note: You can change the amount of your HSA contribution at any time during the plan year in Workday. No qualified status change is required for you to make a change. Changes made will go into effect the first of the following month. For more information on eligibility, qualified medical expenses and how an HSA works, visit hsabank.com/QME or www.hsabank.com/Leidos.



Kaiser Permanente Medical Plans

Employees in California, Colorado, the Mid-Atlantic (certain zip codes in MD, D.C., and VA) have the option to enroll in a Kaiser Permanente HMO medical plan. As a Kaiser Permanente member, your coverage includes exclusive access to high-quality doctors and hospitals. You and your Kaiser provider will work together to create a personalized wellness plan that makes it easier for you to stay healthy – in mind and body. After enrolling in Kaiser, you and your covered dependents will need to select a primary care physician (PCP) who will coordinate routine medical care and specialist referrals. If you do not select a PCP, one will be assigned and you can change your PCP selection at any time. While you are encouraged to see your selected PCP, you can still receive primary care from any KP provider in your area. The Kaiser plan includes a prescription drug benefit. Preventive care received in the Kaiser plans is covered at 100%, no deductible.

The chart below highlights Kaiser plan features and some key covered services. Benefits are only paid for care from in-network providers except for emergency and urgent care. To learn more about Kaiser Permanente, visit choose.kp.org/leidos.

Important Note About Medical Coverage For Dependents

Leidos must report the names and social security numbers of everyone covered by our company-sponsored medical plans to the IRS. If you are enrolling dependents in the medical plans, you must include their social security numbers.

	California and Mid-Atlantic Plan Features	Colorado	Hawaii Plan Features
Annual Deductible ▶ Individual ▶ Family	 $500 $1,000	 $500 $1,000	Not Applicable
Annual Out-of-Pocket Max ▶ Individual ▶ Family	 $3,000 $6,000	 $3,000 $6,000	$2,000 Individual $6,000 Family
Co-insurance	10% after deductible	10% after deductible	$0
Covered Services			
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Office Visit (Deductible does not apply) ▶ PCP ▶ Specialist	 $10 $10	 $10 $10	 $15 $15
Emergency Room	10% after deductible	10% after deductible	$50 per visit, waived if admitted
Hospital Stay	10% after deductible	10% after deductible	$50 per day
Outpatient Surgery	10% after deductible	10% after deductible	$15 per procedure
Inpatient Psychiatric Care	$0 (deductible does not apply)	$0 (deductible does not apply)	$50 copay per day
Outpatient Individual Therapy Visit	$0 (deductible does not apply)	$0 (deductible does not apply)	$15 copay per visit
Outpatient Group Therapy Visit	$0 (deductible does not apply)	$0 (deductible does not apply)	$15 copay per visit
Prescription Drugs (Retail; deductible does not apply)			
Generic	$10	$10	$10
Preferred Brand	$30	$20	$35
Non-Preferred Brand	$30 ($50 - Mid-Atlantic Only)	$20	$35

Kaiser Arbitration Agreement

Kaiser Hawaii and California plans are required to use binding arbitration to settle disputes related to or arising out of care delivery. The California Health and Safety code 1363.1 and Hawaii Case Law requires Kaiser Permanente to notify the employee of the use of arbitration at the point of enrollment, therefore, you will see a link to the arbitration agreement within the Workday Enrollment event. **Note:** If you do not agree to the arbitration language you should choose a different medical plan option.

Kaiser California Arbitration Agreement

Kaiser Hawaii Arbitration

By enrolling in a Kaiser Permanente Hawaii or California Plan, you understand that this action will serve as your agreement to the conditions provided in the Kaiser Foundation Health Plan Arbitration Agreement.

Additional Kaiser Benefits

One Pass Select Affinity – Being healthy involves new activities, exploring new food, and getting stronger. No matter where you are on your fitness journey, One Pass Select Affinity from Optum can help you reach your health goals. From strength training and swimming to yoga classes and grocery delivery, you can get what you need for whole-body health in one easy plan.

One Pass Select Affinity includes:

- Access to gyms and fitness locations nationwide
- Live, digital fitness classes and on-demand workouts
- Personalized workout builders to try new exercises
- Grocery and home essentials delivery to make healthy eating easy

Affinity Musculoskeletal Program – All Kaiser Permanente members can improve their quality of life with therapies for musculoskeletal issues, including neck pain, sports injuries, arthritis, and more. Get 20% off chiropractors, acupuncturists, and massage therapists when you visit a participating provider and show your Kaiser Permanente ID card. Learn more at kp.org/exercise.

Calm App – Kaiser provides access to the Calm app for all Kaiser members free of charge. The Calm app uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. With guided meditations, programs taught by world-renowned experts, sleep stories narrated by celebrities, mindful movement videos, and more, Calm offers something for everyone. Download the Calm app for free at kp.org/selfcareapps.



For more information about the Kaiser medical plans and benefits available to Kaiser members, refer to the Kaiser page on Prism.

HMSA

The HMSA medical plan is a Preferred Provider Organization (PPO) available to employees who reside in Hawaii. With HMSA, members have access to quality care from their choice of doctors and specialists and Hawaii's top hospitals. This plan offers flexibility in the way a member gets medical benefits (e.g. office visits, inpatient facility services, outpatient services, etc.). In general, to get the best benefits possible, a member should seek services from HMSA participating providers. If a member chooses to visit a non-participating provider, the out-of-pocket costs will be higher.

The chart below highlights some HMSA plan features:

Benefit	In-Network Coverage	Out-of-Network Coverage
Annual Deductible	None	$100 Individual $300 Family
Annual Out-Of-Pocket Maximum (Including Deductible)	$2,500 Individual $7,500 Family Combined with Out-Of-Network	$2,500 Individual $7,500 Family Combined with Out-Of-Network (the difference between the actual charge and eligible charge from a non-participating provider does NOT apply towards the out-of-pocket maximum)
Office Visits	$12 Copay	30% Coinsurance (after deductible)
Preventive Care	Covered at 100%	30% Coinsurance
Hospital Care **Inpatient** **Outpatient**	 10% Coinsurance 10% Coinsurance	 30% Coinsurance (after deductible) 30% Coinsurance (after deductible)
Emergency Care	20% Coinsurance	20% Coinsurance
Urgent Care	$17 Copay	30% Coinsurance (after deductible)
Mental Health - Inpatient	Hospital & Facility Services – 10% Coinsurance Physician Services – 10% Coinsurance	Hospital & Facility Services – 30% Coinsurance (after deductible) Physician Services – 30% Coinsurance (after deductible)
Mental Health - Outpatient	Hospital & Facility Services – 10% Coinsurance Physician Services – $12 Copay	Hospital & Facility Services – 30% Coinsurance (after deductible) Physician Services – 30% Coinsurance (after deductible)
Prescriptions – Retail	Generic - $7 Copay Preferred Brand - $30 Copay Non-preferred brand $30 copay plus $45 tier 3 cost share	Generic - $7 Copay + 20% Coinsurance Preferred Brand - $30 Copay + 20% Coinsurance Other Brand - $30 Copay + 20% Coinsurance

Important Note About Medical Coverage For Dependents

Leidos must report to the IRS the names and social security numbers of everyone covered by our company-sponsored medical plans. Therefore, if you are enrolling dependents in the medical plans, you must include their social security numbers.

Triple-S Optimo Plus Medical Plan

Participants located in Puerto Rico are eligible to enroll in the Optimo Plus Medical Plan through Triple S.

Triple S App

Download the Triple-S app, which provides access to an electronic copy of the ID card, directory of providers, as well as other services and programs available through the health plan.

How the Optimo Plus Plan Works

Employees covered under the Triple-S Optimo Plus Plan do not have to meet a deductible. However, participants must meet an annual out-of-pocket maximum of $6,350 (individual) or $12,700 (family). Once the out-of-pocket maximum is met, Triple S will pay 100% of the member's remaining covered health care expenses for the rest of the plan year.

Participants may access care within the Triple S provider network without a referral from a primary care physician.

For services rendered by non-participating providers in Puerto Rico, the member will pay the difference between the billed amount and Triple S established fees for participating providers. Services outside of Puerto Rico are covered through the Blue Cross & Blue Shield (BCBS) network and require preauthorization. Non-participating providers are covered only in case of emergency. Triple-S will pay these services per the fees established by the local BCBS plan for non-participating providers.

SALUS Clinics: Zero-Copay Services for Plan Enrollees

Triple-S Optimo Plus plan enrollees can access a wide range of services at SALUS Clinics in Puerto Rico with $0 copay. These include:

- **Laboratory Tests:** Blood work, urinalysis, and other diagnostic labs.
- **X-Rays:** Comprehensive imaging for accurate diagnoses.
- **Diagnostic Procedures:** EKGs, ultrasounds, MRI, CT Scans, sonograms, and other non-invasive tests.
- **Medical Office Visits:** Consultations with primary care providers and specialists.

Visit SALUS Clinics for convenient, cost-free care to stay on top of your health. To coordinate a visit, for clinics locations and information about services available, call 787-789-1996 or visit www.ssspr.com.



Cigna Global Medical Plan

Leidos provides a medical plan for U.S. expatriate employees and their dependents remaining stateside through Cigna Global Health Benefits.

Participants in the Cigna Global Plan can receive medical care from any provider. The chart below highlights plan features.

Outside the U.S.	
Annual Deductible	$200/$400
Out-of-Pocket Maximum	$1,250/$2,500
Co-insurance	85%
Hospitalization	$200 copay, then 85%
In-Network in the U.S.	
Annual Deductible	$1,000/$2,000
Out-of-Pocket Maximum	$2,000/$4,000
Co-insurance	80%
Hospitalization	$250 copay, then 80%
Out-of-Network in the U.S.	
Annual Deductible	$2,000/$4,000
Out-of-Pocket Maximum	$4,000/$8,000
Co-insurance	60%
Hospitalization	$250 copay, then 60%

For more information about the Cigna Global Plan, refer to the Benefits Summary Plan Description web site at benefits.leidos.com.

Telehealth

If you are enrolled in the Cigna Global medical plan, you have access to global telehealth through the Cigna Wellbeing app. Telehealth gives you access to licensed doctors around the world – by phone or video – for nonemergency health issues. Simply arrange a telephone or video consultation from your Cigna Wellbeing app.

Omada Diabetes Program

Omada is a personalized health program offered by Cigna, that helps members create healthier lifestyles through one-on-one personal coaching and the tools they need to make long-lasting changes. The Omada program is a digital lifestyle change tool with a focus on achieving sustainable weight loss for pre-diabetics. The program includes an integrated wireless scale, online curriculum and learning tools, coach interaction by chat/text, and peer group support.

To qualify for the program, the member needs to:

- Reside in the U.S.
- Have a high BMI
- Have pre-diabetes/pre-diabetes risk factors

Members apply for the program at omadahealth.com/omadaforcignaglobal.

Important Note About Medical Coverage For Dependents

Leidos must report to the IRS the names and social security numbers of everyone covered by our company-sponsored medical plans. Therefore, if you are enrolling dependents in the medical plans, you must include their social security numbers.

Cigna Global Vision Coverage

Vision coverage is included in the Cigna Global medical plan. Cigna partners with EyeMed, a third-party administrator for vision care in the U.S. Simply show your Cigna Global Medical ID Card in the U.S. to receive care.

- You can receive services at more than 36,000 full-service locations nationwide
- More than 11,000 retail providers including LensCrafters, Pearle Vision, Target Optical and Walmart Vision
- Online retailers including Glasses.com, LensCrafters, Target Optical, Oakley, Contactsdirect, Ray-Ban.com and more

The chart below highlights plan features.

	U.S. In-Network	**U.S. Out-of-Network**	**International** (Outside of the U.S.)
Examinations	0 copay (100%)	up to $40 allowance	100%
Exam Frequency	1 every 12 consecutive months		
Lenses	$0 copay (100%)	▶ Single vision - up to $30 allowance ▶ Bifocal- up to $50 allowance ▶ Trifocal- up to $70 allowance ▶ Lenticular - up to $70 allowance	100%
Lens Frequency (in lieu of Contacts)	1 every 12 consecutive months		
Frame Allowance *	$200 allowance	Up to $200 allowance	$250 allowance
Wholesale Frame Allowance (for Costco)	$140 allowance	Not Covered	Not Covered
Frame Frequency	1 every 12 consecutive months		
Contact Lens Allowance *	$250 allowance	Up to $200 allowance	$250 allowance
Contact Lens Frequency (in lieu of Lenses)	1 every 12 consecutive months		
Medically Necessary Contact Lenses *	$0 copay (100%)	up to $250	100%

*Combined frames and lenses or contact lenses.

Cigna Envoy Mobile App

The Cigna Envoy mobile app allows you to Locate nearby health care professionals and facilities and get directions delivered via Google Maps, submit claims by taking a photo with your Android or Apple mobile device and sending it through the app, manage and track the status of pending claims, download or send an electronic version of your membership card and contact Cigna directly via the app with the tap of a finger.

Dental

Good dental health is important to your overall health and well-being. Leidos offers you a choice when it comes to the type of dental plan that works best for you and your family. Depending on where you live, you may be able to choose the Delta Dental PPO Low option, Delta Dental PPO High Option, or a DMO administered by Aetna. All three plans provide coverage for:

- Preventive care and diagnostic services, such as exams, cleanings, and X-rays
- Basic restorative and major services, such as fillings, crowns, and dentures

See the below comparison chart for details on in-network coverage.

Dental Plan Comparison Chart

Covered Services	Delta Dental PPO Low Option	Delta Dental PPO High Option	Aetna DMO*
Deductible (Per Person)	$50	$50	$0
Annual Maximum Benefit	$1,500	$2,500	N/A
Preventive Services	100%	100%	100%
Basic Services	80%	90%	Copay $0-$240
Major Services	50%	60%	Copay $10-$403
Orthodontia Coverage	Not Covered	50%	Flat Rate
Orthodontia Lifetime Max	Not covered	$2,500 per Child/Adult	Member Copay: $2,000

A complete description of the dental plan options is available on the Benefits Summary Plan Description website at benefits.leidos.com.

*If you intend to enroll in Aetna DMO, you must choose a primary dentist when you enroll.



Delta Dental

Under the Delta Dental PPO Low and Delta Dental PPO High plans, you have access to both of Delta's PPO and Premier networks. Thus, you have a wider selection of in network dentists. However, note that you will generally have a higher out-of-pocket cost if you see a dentist in the Delta Dental Premier network. For more information and to find an in-network dentist, visit deltadentalva.com/members/leidos.

Prevention First Program

Your preventive care and diagnostic services (typically X-rays, exams and cleanings) do not count against your Delta Dental annual benefits maximum. This means that the costs for preventive care are excluded from your annual allowance.

Delta Dental's Special Health Care Needs Benefit

Members with special health care needs such as physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires specialized services or programs may receive additional benefits:

- **Extra exam** benefit for additional consultations with the dentist to help the member understand what to expect prior to treatment
- **Up to four** dental cleanings per year
- **Treatment delivery modification including anesthesia** for patients with sensory sensitivities, behavioral challenges and severe anxiety

Visit deltadentalva.com/special-health-care-needs-resources for instructions on how to utilize this benefit.

Delta Dental ID Cards:

Delta Dental will send ID cards to new subscribers or to those individuals who are changing plans (i.e., from the Low Plan to the High Plan or vice versa.) If you do not make any changes to your current plan enrollment, you will continue using your existing card.

Members can download a copy of their ID card from the member portal or request a new physical card by calling the Delta Dental Benefit Services Department at 800-237-6060.

Aetna DMO

Employees and dependents who enroll in the DMO plan will have access to a limited network of providers and must choose a primary care dentist in order to have services covered. Each covered person may select his or her own primary care dentist. This primary care dentist will provide all routine dental care and will refer the participant to a network specialist whenever specialty care is needed.

If a participant receives dental care without going through his or her primary care dentist first, or if the participant's care is not authorized by the plan, the Aetna DMO will not pay any benefits. The participant will pay the full cost of any out-of-network or unauthorized care. Please note that limited out-of-network coverage is available in Connecticut, Illinois, Kentucky, Massachusetts and Ohio.

Choosing a Primary Care Dentist

Employees and each dependent must select a primary care dentist from Aetna DMO's network of providers. Each member can change his or her primary care dentist at any time during the year. To select or change a primary care dentist, a member can the call the Aetna Member Services number on the back of their ID card.

Cigna Global Dental

Leidos provides a dental plan for U.S. expatriate employees and their eligible dependents remaining stateside through Cigna Global Health Benefits. The chart below highlights plan features.

Global Dental Plan		
Calendar Year Maximum Combined for: Class I Class II Class III		$1,500
Lifetime Class IV Maximum		$1,500
Calendar Year Deductible Combined for: Class II Class III		$25 Individual / $75 Family
Class I	**Preventive Care** For diagnostic and preventative services including: ▶ Oral Exam -2 Per Person Per Year ▶ Cleanings -2 Per Person Per Year ▶ Bitewing X-rays - 2 Per Person Per Year ▶ Fluoride Applications -1 Per Person Per Year (Up to age 19) ▶ Sealants -1 Per Person Per 3 Years Diagnostic X-rays –Unlimited Full Mouth / Panoramic X-rays -1 Per Person Per 3 Years	100% not subject to deductible
Class II	**Basic Restorative** ▶ For Basic Restorations ▶ Endodontics ▶ Periodontics ▶ Prosthodontics Maintenance ▶ Oral Surgery ▶ Fillings ▶ Root Canal ▶ Periodontal Scaling and Root Planing Repair to Bridgework and Dentures	80% after deductible
Class III	**Major Restorative** For Major Restorations:	50% after separate $50 deductible
Class IV	**Orthodontia** Children and Adults	50% after separate $50 deductible



Vision

To help you see your best, Leidos offers vision coverage through Vision Service Plan (VSP). The plan options are designed to provide a variety of eye care services.

See the below comparison chart for coverage details.

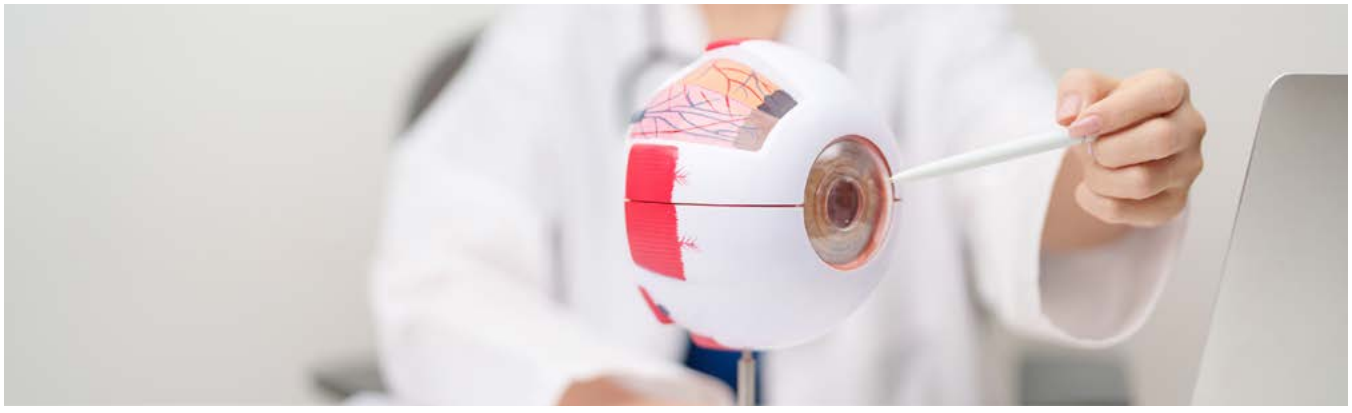
	VSP Basic		VSP Plus	
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider
Examination				
Routine WellVision Exam	$20 Copay for exam and glasses	up to $45	$20 Copay for exam and glasses	up to $45
Contact Lens Exam (fitting and evaluation)	Up to $60 Copay	N/A	Up to $60 Copay	N/A
Routine Retinal Imaging	$10 Copay	Not Covered	$10 Copay	Not Covered
Frequency:	Every Calendar Year			
Lenses				
Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses Lenticular	$0 copay	Up to $30 Up to $50 Up to $65 Up to $100	$0 copay for all lenses; 20-25% discount on enhancements	Up to $30 Up to $50 Up to $65 Up to $100
Frequency:	Every Calendar Year			
Frames				
Wide selection of frames Featured Frame brands/VisionWorks Walmart®/Sam's Club®/Costco® Savings on the amount over your allowance	$150 Allowance $200 Allowance $150 Allowance 20% off overage	Up to $70	$200 Allowance $250 Allowance $200 Allowance 20% off overage	Up to $70
LightCare Program (Allows members to use frame allowance towards ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts. Not available at Walmart® or Sam's Club®)	$150 Allowance	Up to $70	$300 Allowance (inclusive of EasyOption Allowance)	Up to $70
Featured Frame Brands	$50 in addition to LightCare frame allowance	Up to $70	$50 in addition to LightCare frame allowance	Up to $70
Frequency:	Every Calendar Year			
Contact Lenses (in lieu of glasses)				
Elective Contact Lenses	$150 Allowance	Up to $105	$200 Allowance	Up to $105
Medically Necessary Contact Lenses	$0 copay	Up to $210	$0 copay	Up to $210
Frequency:	Every Calendar Year		Every Calendar Year	
VSP EasyOptions*				
Not Available at Costco	N/A	N/A	Each covered plan member may select one of these enhancements when purchasing their eyewear: ▶ Additional $100 frame allowance ▶ Additional $100 contact lens allowance ▶ Fully-covered premium or custom progressive lenses ▶ Fully covered anti-reflective coating ▶ Fully-covered light-reactive lenses	N/A

*EasyOptions upgrade must be selected at the time eyewear materials are ordered. The selected upgrade must be consistent with the eyewear materials ordered (glasses or contact lenses). If you purchase eyewear materials from Costco, the EasyOptions feature will be forfeited and will not be available to redeem at other providers.

	VSP Basic		VSP Plus	
	VSP Provider	**Non-VSP Provider**	**VSP Provider**	**Non-VSP Provider**
Covered Lens Enhancements				
Standard Progressive Lenses	Covered	Up to $50	Covered	Up to $50
Polycarbonate for children	Covered	N/A	Covered	N/A
Non-Covered Lens Enhancements				
Other Add-ons & Services (Costco, Walmart and Sam's Club prices already reflect any available savings. Members will pay the Usual and Customary fees applicable at these stores.)	Average savings of 30%	N/A	Average savings of 30%	N/A
Supplemental Essential Medical EyeCare (EMEC) Plan				
Retinal screening for members with diabetes	$0 Copay	N/A	$0 Copay	N/A
EMEC provides supplemental coverage for urgent and medical eye care. The program provides additional exams and services beyond routine care to treat immediate issues or to monitor ongoing conditions. This includes symptoms such as pain in or around the eyes, transient loss of vision and ocular trauma. Examples of conditions which may require management under the EMEC plan include diabetic eye disease, ocular hypertension, glaucoma, cataracts and macular degeneration.	$20 Copay per exam*	N/A	$20 Copay per exam*	N/A
Frequency:	As Needed		As Needed	
Laser VisionCare Preferred Program				
Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	$100 allowance per eye; $200 lifetime max; 15% discount	$100 allowance per eye; up to $200 lifetime maximum	$100 allowance per eye; $200 lifetime maximum; 15% discount	$100 allowance per eye; $200 lifetime maximum
Frequency:	Once Per Lifetime		Once Per Lifetime	
Additional Discounts & Savings				
20% off additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor within 12 months of your last WellVision Exam. Not available at Costco®, Walmart® or Sam's Club®.				

*If you have medical coverage and your eye doctor participates in your medical plan network, the eye doctor will process your EMEC claim through your medical plan first and VSP will supplement that coverage. If you do not have medical coverage or if your eye doctor does not participate in your medical plan network, you will pay the $20 copay and the EMEC claim will be processed under the VSP plan.

You can learn more about the vision plan on the Benefits Summary Plan Description website at benefits.leidos.com.



Flexible Spending Accounts (FSAs)

Leidos offers the following FSAs through HSA Bank:

- Limited Purpose (LPFSA)
- Healthcare FSA
- Dependent (Daycare) FSA

How the FSAs Work

- The FSA has an annual pre-tax contribution limit of:
  - $3,400 for the Healthcare and Limited Purpose FSAs
  - $3,750 for married couples filing separately or $7,500 for single or married employees filing tax returns jointly for the Dependent (Daycare) FSA
- You decide how much to set aside for eligible healthcare or dependent care expenses for 2027.
- You must re-enroll every year to participate.
- Estimate carefully, because you can only change the amount you contribute to your FSA if you have a qualified change in family status during the year. Funds can only be used for 2027 expenses. Remaining balances in excess of the $680 carry-over at the end of the plan year will be forfeited. You have until April 30, 2028, to file claims for 2027.
- Money is taken from your pay pre-tax, which lowers your taxable income. You'll never be taxed on the money you use for eligible expenses.
- You can have your FSA reimbursements deposited directly into your bank account.

HSA Bank administers the FSA for Leidos. To view your FSA information online, register at myaccounts.hsabank.com. You'll need to verify your employee status, confirm your contact and demographic information, and create a user name and password.

Take Note! Carry-Over Feature

Don't forget you are able to carry over up to **$680** of your unused Limited Purpose FSA or Healthcare FSA balance remaining at the end of the year into 2028. The carry-over feature helps you avoid losing unused money at the end of the year!

HSA Bank Contact Info

Client Assistance Center Phone: 1-877-851-5276

Email: askus@hsabank.com

Member Portal

HSA Bank Leidos Resource Center

Limited Purpose FSA (HSA-Compatible)	Healthcare FSA
▶ 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.)	▶ Use it if you're not enrolled in a SmarterCare CDHP medical plan with an HSA ▶ For eligible medical, prescription drug, dental and vision expenses

For more information on FSAs and eligible expenses, visit hsabank.com/QME.

Dependent (DayCare) FSA

You can set aside money on a pre-tax basis up to the IRS maximum of $7,500 to pay for eligible dependent day care expenses for qualified dependents.

Under the Dependent (Daycare) FSA, a qualified dependent is:

- A child under age 13 whom the participant claims as a dependent on his or her federal income tax return,
- A participant's spouse who is physically or mentally incapable of self-care, or
- Any other dependent who is physically or mentally incapable of self-care, whom the participant claims as a dependent on his or her federal income tax return, and who normally spends at least eight hours in the participant's home each day.



YOUR MONEY

Life Insurance

Leidos offers several types of financial protection for participants and their families, administered by Prudential, including Basic Life insurance, Group Universal Life Insurance (GUL), and Optional Dependent Life. Leidos also provides the following additional benefits: Basic Accidental Death & Dismemberment (AD&D) and Voluntary AD&D for you and your dependents, both of which are administered by New York Life, and Business Travel Accident (BTA) Insurance.

To learn more, visit the Benefits Summary Plan Description website at benefits.leidos.com.

Basic Life Insurance

If you are eligible, you will automatically receive Basic Life insurance for yourself. The amount of your Basic Life insurance coverage is equal to one times your annual base salary with a minimum of $50,000 and a maximum of $1,000,000. Employees with a salary less than $50,000 will receive a flat $50,000 in coverage. Employees with a salary greater than $50,000 annually, will receive 1x annual base salary or may elect a flat $50,000 in coverage. Leidos pays the full cost of basic life.

Basic Life benefit amounts over $50,000 are subject to income tax. The income tax amount added to your W-2 is calculated based on the value of the coverage amount over $50,000 multiplied by the IRS' Group Term Life Insurance Premium Table included in Publication 15-B. This is called "imputed income."

Coverage is reduced by 35% for people aged 70 and older.

Basic Life insurance includes dependent life in the amount of $2,000 per eligible dependent.

Group Universal Life Insurance (GUL)

You can purchase GUL insurance for yourself – from one times to eight times annual base salary, up to a $4 million maximum benefit.

GUL insurance provides benefits that go beyond term life insurance. GUL helps protect your family and builds a secure financial future. In addition to providing a life insurance benefit for your loved ones, it features a Cash Accumulation Fund (CAF) that allows you to earn interest on a tax-deferred basis.

You can:

- **Earn guaranteed interest.** The CAF has a guaranteed interest rate of 4%.
- **Keep it even after your employment with Leidos ends.** Insurance can continue under certain circumstances at the full coverage amount up to age 100, on a direct-billed basis.
- **Enjoy tax benefits.** Earnings and interest credited on contributions to the CAF are tax-deferred. The death benefit (typically the face amount of insurance plus the CAF) is generally income tax-free to beneficiaries.
- **Access funds easily.** You can take loans or make withdrawals from the CAF at any time and for any reason. You can also use the CAF to pay premiums or purchase fully paid up coverage.
- **Qualify for special benefits if you become disabled or terminally ill.** The Waiver of Premium provision for qualifying disabled employees and the Accelerated Benefit Option for terminally ill employees provide extra support when it's needed most.

Did you know you can also make a payment directly to your CAF via personal check?

To do so, contact Mercer, the CAF administrator, at 855-735-4873. You will be asked to verify your name, SSN, date of birth, plan number (52844) and the amount you would like to deposit via check.

GUL Evidence of Insurability (EOI):

- If you are a new hire, you can enroll in coverage for yourself up to three times your annual base salary, not to exceed $500,000, without having to provide EOI.

Dependent Life Insurance

If you are enrolled in GUL, you also have the option to purchase dependent life insurance for your eligible dependents. You pay the full cost for this coverage, post-tax.

You can purchase coverage for:

- Your spouse/domestic partner. Coverage options are $10,000, $25,000, $50,000, $100,000, $150,000, $200,000, $250,000, or $300,000.
- Your dependent child(ren). Coverage options are $5,000, $10,000 or $25,000.

EOI:

- If you previously waived coverage or are currently enrolled in Spouse Life, you may increase coverage by one level, up to $25,000, without satisfying EOI.
- EOI is not required for coverage increases or new enrollments for child life.



Note:

- You must be actively at work before any new or increased GUL will become effective.
- Your dependents must be non-home or hospital confined due to illness or injury before any new or increased Optional Dependent Life coverage will become effective.
- Coverage is not available to your spouse or domestic partner if they are also employed by Leidos.
- To qualify for coverage under the Leidos life insurance programs, a stepchild must reside with the participant.
- To qualify for coverage under the Leidos life insurance programs, a domestic partner's child must reside with the participant and be born to or legally adopted by the domestic partner.

To learn more, visit the Benefits Summary Plan Description website at benefits.leidos.com.

Accidental Death and Dismemberment (AD&D) Insurance

Business Travel Accident Insurance

Leidos provides all eligible employees with Business Travel Accident (BTA) insurance in the amount of three times annual base salary, up to a maximum benefit of $500,000. This plan pays a benefit in the event that you die as a result of an accident while traveling on company business. Emergency Assistance for domestic or international travel must be coordinated through Crisis24 call (347) 708-1824.

Basic AD&D

Basic AD&D provides coverage to your beneficiary if you die as the result of an accident. If you are injured as the result of an accident, you will receive a percentage of your coverage based on your injury.

Eligible employees will automatically receive Basic AD&D coverage equal to one times your annual base salary, to a maximum of $250,000, rounded to the next higher $1,000. Leidos pays the full cost of Basic AD&D.

Medical Benefits Abroad

The Cigna Healthcare Medical Benefits Abroad (MBA) plan provides coverage for unexpected injuries and illnesses that may occur, for **business travelers** on international trips, outside your country of residence or permanent assignment, with a calendar Year Medical Benefit Maximum of $500,000 per employee. Leidos pays the full cost of the MBA program.

Voluntary AD&D

You can purchase additional AD&D insurance for yourself and your dependents in amounts equal to one-half of your pay up to 10 times your annual base salary, to a maximum of $1,000,000. You pay the full cost of this coverage, pre-tax.

Disability Coverage

Short-Term Disability (STD)

Short-Term Disability (STD) insurance provides income replacement if you are unable to work because of a medical condition, including pregnancy. The Leidos STD program is comprised of three components that work together to replace a percentage of your pay in the event of disability:

1. Disability Sick Leave (DSL) – automatically provided by Leidos at no cost to employees.
2. Voluntary Short-Term Disability Insurance (VSDI) – elected and paid by employees.
3. State-Mandated Disability and Paid Medical Leave programs.

DSL

DSL is a company-paid benefit, which provides employees with income replacement as part of an approved STD claim. Eligible employees are credited up to 10 days (80 hours) of DSL upon date of hire and on each employment anniversary (DSL is pro-rated for part-time employees). You may accrue up to a maximum of 1,560 hours (195 days) of DSL. DSL works in conjunction with VSDI and any state-mandated disability benefit to replace up to 100% of your pay.

Note that if you do NOT elect VSDI or qualify for any state-mandated disability program, all disability payments will come from and will be limited to the amount of DSL hours you have accrued and may not support a long period of disability. If you elect VSDI, 20% of your total income replacement will come from your accrued DSL hours and the other 80% will come from VSDI, offset by any applicable state disability or paid medical leave payments. (See STD Payment Schedule on the next page).

Voluntary Short-Term Disability Insurance (VSDI)

Eligible employees may purchase additional disability coverage through VSDI. This plan coordinates with DSL and any state-mandated programs to replace up to 100% of your pay. VSDI can be important to purchase if you do not have a significant DSL balance. VSDI typically covers 80 percent of your monthly STD benefit.

State-Mandated Disability and Paid Medical Leave Programs

If you are located in the following states, you may be eligible for state-mandated plans:

- California
- Colorado
- Commonwealth of Puerto Rico
- Connecticut
- Delaware
- Hawaii
- Massachusetts
- Minnesota
- New Jersey
- New York
- Oregon
- Rhode Island
- Washington
- Washington, D.C.

DSL and VSDI coordinate with state-mandated plans. This means that state plans pay first and DSL/VSDI pay the remainder of your disability benefits.

STD Payment Schedule

The table below illustrates how VSDI integrates with DSL and state-mandated disability plans. Note that disability payments are paid through the 26th week of disability not to exceed 180 days. DSL and VSDI payments begin on:

- The first day of disability, if you are hospitalized on the first day and charged the full daily rate
- The eight calendar day of a disability if you are not hospitalized

Period of Disability	Total Pay (From All Sources)	VSDI (Integrated with state plan, if applicable)	DSL Portion
Week 1	0% (7-day waiting period)	0% (7-day waiting period)	0% (7-day waiting period)
Weeks 2 – 10	100% of regular weekly wages	80% (to a maximum weekly benefit of $4,808)*	20%, as available
Weeks 11 – 19	80% of regular weekly wages	80% (to a maximum weekly benefit of $3,846)*	20%, as available
Weeks 20 – 26*	66 2/3% of regular weekly wages	80% (to a maximum weekly benefit of $3,202)*	20%, as available

*Typically, VSDI covers 80% of the benefit and the remaining 20% is provided by DSL. If you do not enroll in VSDI, all benefits will be paid from your available DSL balance and your state's plan, if applicable.

Note: You must be actively-at-work on the effective date of coverage in order to be covered under the Leidos STD plan.

Long-Term Disability

Voluntary Long-Term Disability (LTD) insurance is designed to provide you with income if you become disabled and cannot work for six consecutive months or longer. LTD is insured and administered by New York Life. If elected, LTD begins after you have been disabled for more than 26 weeks and approved by the insurance carrier. The benefit will pay up to 60 percent of your covered monthly annual base salary to a maximum monthly benefit of $14,500.

The following chart depicts the maximum duration of LTD benefits:

Duration of LTD Benefit	
Age When Participant's Disability Begins:	**Maximum Benefit Period:**
Age 62 or under	The employee's 65th birthday or the date the 42nd Monthly Benefit is payable, whichever is later
Age 63	The date the 36th Monthly Benefit is payable
Age 64	The date the 30th Monthly Benefit is payable
Age 65	The date the 24th Monthly Benefit is payable
Age 66	The date the 21st Monthly Benefit is payable
Age 67	The date the 18th Monthly Benefit is payable
Age 68	The date the 15th Monthly Benefit is payable
Age 69 or older	The date the 12th Monthly Benefit is payable

Pre-Existing Condition Limitation (New Hires and Newly-Eligible Employees)

If you file a claim within 12 months of coverage, LTD benefits will not be paid for any disability caused by, contributed to or resulting from a pre-existing condition that is diagnosed or treated within a three-month period before the LTD coverage effective date.

Pre-Existing Condition Limitation (Late Entrants)

Late entrants are employees who did not enroll in LTD when first eligible. If you are a late entrant who files a claim within 24 months of coverage, LTD benefits may not be paid for any disability caused by, contributed to or resulting from a pre-existing condition that is diagnosed or treated within 12 months before the LTD coverage effective date.

LTD Actively-at-Work Provision

If you are on STD prior to Jan. 1, 2027 and currently do not have LTD coverage under NYL, you are eligible to participate in Open Enrollment and will be able to elect LTD. However, your coverage will not be effective until you return from leave and actively working. You will not be charged premiums until your coverage is active (i.e. when you return from leave).

YOUR LIFE BALANCE

Prudential Supplemental Health Benefits

Leidos has partnered with Prudential to offer employees a range of employee-paid supplemental health benefits, including Accident Insurance, Hospital Indemnity Insurance, and Critical Illness Insurance.

Accident Insurance

Accident insurance helps ensure you and your family have the financial support to offset the expenses when you suffer an injury. You have the option to elect coverage under the Low Plan or the High Plan, and you and your eligible family members are guaranteed coverage – there are no medical exams required.

Accident Insurance coverage pays you for a variety of injuries and medical services including, but not limited to:

Note:

- You must be actively at work before your Supplemental Health coverage becomes effective.
- Your dependents must not be home- or hospital-confined due to illness or injury before their coverage can become effective.
- Supplemental health plan options and benefits may vary for employees in New Mexico. Please refer to the SPD website for applicable plan details.

Injuries like:

- Fractures
- Dislocations
- Concussion
- Burns-2nd and 3rd degree
- Lacerations
- Broken tooth
- Medical Services, like:
- Ambulance, ground/air
- Emergency visit
- Medical tests
- Medical appliances, crutches, etc.
- Physical therapy

In addition, each covered individual can receive $50 under the Low Plan or $100 under the High Plan each calendar year for completing a covered health screening test, such as a biometric screening or blood test, dental exam, vision exam, colonoscopy, or mammograms.

Hospital Indemnity Insurance

Hospital Indemnity Insurance helps provide a financial cushion for out-of-pocket expenses associated with hospital stays, so you can stay on track financially and focus on your recovery. Leidos offers both a Low Plan and High Plan, with each providing benefits for a variety of hospital benefits including, but not limited to:

- Hospital Admissions and Stays
- Intensive Care Unit (ICU) Admissions and Stays

In addition, each covered individual can receive $50 under the Low Plan or $100 under the High Plan each calendar year for completing a covered health screening test, such as a a biometric screening or blood test, dental exam, vision exam, colonoscopy, or mammograms.

Critical Illness Insurance

Critical Illness Insurance by Prudential provides a lump-sum cash benefit if you or a covered family member is diagnosed with a covered condition. Leidos offers a Low Plan and High Plan, with coverage also available for eligible dependents. Note: Coverage for children is limited to 50% of the employee's coverage amount.

Covered conditions include heart attack, cancer, stroke, Alzheimer's disease, Multiple Sclerosis, Parkinson's disease, renal failure, and other specified conditions. Benefit amounts may vary based on the covered condition.

The benefit is paid directly to you and can be used however you choose, including for medical plan deductibles, copays, prescriptions, and/or other expenses. In addition, each covered individual can receive $50 under the Low Plan or $100 under the High Plan each calendar year for completing a covered health screening, such as a biometric screening or blood test, dental exam, vision exam, colonoscopy and/or mammogram.

Prudential MyBenefits Mobile App

Manage your supplemental health claims anytime, anywhere with the Prudential MyBenefits app. Use the app to:

- Submit and track claims and check payment status
- Upload claim documents using your phone's camera
- Receive claim updates through in-app or push notifications
- Sign in securely using facial recognition or fingerprint authentication
- Choose your preferred claim payment option

You can also start a claim on the MyBenefits website at mybenefits.prudential.com and continue managing it in the app.



Beneplace Voluntary Benefits Program

Leidos offers voluntary benefits and an employee discount program administered by Beneplace. You may enroll in the following employee-paid benefits:

- Legal Plan*
- Home & Auto Insurance
- Pet Insurance
- Identity & Fraud Protection*
- Genomic Life*

Identity & Fraud Protection, Genomic Life, and a Legal Plan are offered only during new hire enrollment, annual Open Enrollment, or if you experience a qualifying life event.

Enrolling in Voluntary Benefits

Employees can enroll in the Legal Plan, Identity & Fraud Protection and/or Genomic Life through Workday. To enroll in the Auto/Home and Pet Insurance offerings, visit the Beneplace enrollment site at www.leidosaddedbenefits.com/.

Disclaimer:

Leidos is making these programs available to you at a discount– but it is your choice to participate. Leidos does not provide any of your personal or financial information to these vendors. It is your decision whether to participate in this program and share your data with the vendors.



ARAG Legal Plan

You can't predict the future, but you can plan for it. So whether you're planning ahead, like creating a will or buying a new home, or facing something unexpected, like fighting a traffic ticket or getting your deposit back from a difficult landlord, ARAG is there for you.

Why should you get legal insurance?

- Work with a network attorney and attorney fees are 100% paid in full for most covered matters, saving you hundreds, possibly thousands, of dollars on legal matters by avoiding costly legal fees.
- Work virtually, over the phone or in person with a local network attorney who can provide legal advice, review and draft documents and represent you, even in court if needed.
- Take advantage of services for parents and grandparents that include caregiving services, legal advice, wills, power of attorney, document preparation and review and a reduced fee benefit for most elder law issues.
- Use DIY Docs® to create a variety of legally valid documents, including state-specific templates.

Consumer Protection Matters

- Auto repair
- Buying or selling a car
- Consumer fraud
- Consumer protection for goods or services
- Home improvement
- Personal property disputes
- Small claims court

Criminal Situations

- Juvenile
- Parental responsibility

Family Law Events

- Adoption
- Domestic partnership
- Guardianship/conservatorship
- Name change
- Pet-related matters and damages
- Pre-marital agreements
- Divorce

General Needs

- Document review
- Credit records correction
- Document preparation

Finance, Tax, and Debt-Related Matters

- Debt collection
- Garnishments
- IRS tax audit
- Personal bankruptcy
- Student loan debt

Home Ownership or Renter Matters

- Buying and selling a home
- Contract/lease agreements
- Contractor issues
- Deeds
- Foreclosures or evictions
- Disputes with a landlord
- Neighbor disputes
- Real estate disputes

Traffic Troubles

- License suspension/revocation
- Traffic tickets

Wills and Estate Planning Needs

- Funeral directives
- Powers of attorney
- Wills
- Trusts

MetLife + Aura Identity & Fraud Protection

MetLife and Aura Identity & Fraud Protection helps safeguard the things that matter to you most: your identity, money, assets, family, reputation and privacy. Services include, but are not limited to:

- Proactive protection for your identity, finances, privacy and devices with near real-time alerts to any suspicious activity
- $5 million Identity Theft Insurance policy for each enrolled adult to reimburse you for covered losses and expenses resulting from identity theft
- White Glove Fraud Resolution Service and 24/7 US-based customer support
- Digital Vault to safely store sensitive information, documents and more—all secured with military-grade encryption
- Access to included features from your favorite devices via the top-rated, all-in-one Aura mobile app (iOS and Android) and web dashboard
- Automated and continuous removal of your personal info from data brokers to limit exposure of your information and reduce robocalls/texts and spam
- Inclusive family plans available, allowing unlimited minor children and up to 10 adults. Adult "family members" include anyone you love—irrespective of their age, relationship or whether they live in your household.
- Digital Parenting & Mental Health Capabilities which monitor online behavior and alerts employees and their families to the mental health risks of the digital world.

Disclaimer:

Aura's product accesses and monitors an individual's credit file. The Fair Credit Reporting Act (FCRA) is a government regulation that requires any entity accessing an individual's credit file to have a permissible purpose to do so. If you decide to enroll in the Aura ID Theft Protection program, this action will serve as your agreement and acknowledgment of the following:

I authorize Aura Sub, LLC ("Aura") to confirm my identity, obtain and monitor my credit information from the credit bureaus on a recurring basis in order to provide the Aura products and services I have ordered as long as I have an account with Aura. I also authorize Aura depending on the Aura products and services ordered, to retrieve and monitor my personal information, and motor vehicle and other records. I acknowledge that I may be required to activate certain services, including taking action to download, install, or provide additional information before obtaining access to the Aura products and services. By opting in, I confirm I have read, understood and agree to be bound by Aura's Terms of Service and acknowledge Aura's Privacy policy.

Identity & Fraud Protection powered by Aura includes these features to help minimize the risk of identity theft:

Identity Theft Protection
Get alerted to detected threats to your identity, SSN, online accounts and more. Plus, guard against data brokers who try to sell your info on the web.

Financial Fraud Protection
Stay one step ahead of threats with credit, bank account, personal property monitoring and financial tools to help keep your assets safe.

Digital Security
Connect online more securely and privately with intelligent safety tools that help protect your passwords, devices and Wi-Fi connections from hackers.

Genomic Life

Genomic Life helps identify health risks, supports prevention, and provides expert 1-on-1 support for appropriate care, with a three-in-one benefit that include a DNA Screenings, Personalized Health Guidance, and Cancer Navigation.

DNA Screening

Helps identify health risks for many cancers, heart conditions, and more. This important information can drive changes in care, help manage medications, and guide family planning decisions.

- **Genetic Health Screen:** Identify risks for certain types of cancer, heart conditions, and many additional genetic conditions.
- **Pharmacogenomic Test:** Informs how you might respond to medications so that treatment can be tailored to work better for you and reduce side effects.
- **Cancer Screening:** Supports family planning by identifying potential risks of having a child affected by a genetic disease.

Personalized Health Guidance

Supports prevention and early detection. Expert navigators and genetic counselors help you understand your results and take health actions that benefit you and your family.

- **Knowledgeable Experts:** Connect with experts who can help you understand your results and health, allowing you to make informed decisions.
- **Health Actions:** Gain guidance about steps you and your care team can choose to support your health.
- **Ongoing Support:** Benefit from expert support to inform your health journey while addressing barriers to care and emotional distress.

Cancer Navigation

Provides expert one-on-one support for appropriate cancer care, working alongside a member's healthcare team to provide access to genetics-driven and guideline-recommended care. We work compassionately with cancer patients, survivors, and caregivers from initial diagnosis through treatment decisions, survivorship, and beyond.

- **Cancer Patient Support:** Navigation and testing to reduce barriers and distress while supporting better diagnosis and treatment through genetics-optimized care.
- **Cancer Survivor Support:** Help cancer survivors adjust to life after cancer, address challenges related to fear of recurrence and manage the long-term effects of treatment.
- **Caregiver Support:** Navigate the complexities of healthcare, access resources, and address the practical challenges of caring for someone with cancer.



Auto and Home Insurance

This voluntary benefit program provides employees with access to special savings on auto and home insurance. Employees can request free personalized premium quotes from MetLife Auto & Home, Travelers Insurance and/or Liberty Mutual. The program offers money-saving features including:

- Payroll deduction
- Multi-vehicle savings
- Safe driving discounts
- Good student discounts

Pet Insurance

Your pets are family and deserve the best care when they get sick or injured. A pet insurance policy can help you plan for your pet's healthcare and offset some of the costs for unexpected illnesses or injuries. At Leidos, you have two options to choose from:

Nationwide Pet Insurance

Pet Insurance administered by Nationwide provides healthcare coverage for dogs, cats, birds, hamsters, or other exotic pets. Nationwide policies are easy to use and provide reimbursement for eligible veterinary expenses related to surgeries, hospitalization, X-rays, prescription medications, and more. Using the plan is easy. Pay your veterinarian directly and then send Nationwide your claim form along with your itemized receipt.

Some of the services a policy with Nationwide can typically cover are:

- Accidents and illnesses
- Vet-prescribed medication
- Surgeries, hospitalization, and emergency care
- Diagnostic testing, including blood tests, X-rays, and more
- Alternative therapies

All members also receive free access to VetHelpLine with 24/7 telephone access to veterinary experts who can provide pet health guidance and answer general questions and identify urgent care needs.

MetLife Pet Insurance

With MetLife, pet parents have the power of choice to customize their pet insurance to meet their needs. Some of the services a policy with MetLife Pet can typically cover are:

- Accidents and illnesses
- Vet-prescribed medication
- Surgeries, hospitalization, and emergency care
- Diagnostic testing, including blood tests, X-rays, and more
- Alternative therapies

MetLife Pet also offers an optional preventive care plan that can help cover costs related to things like vaccinations, parasite treatment and prevention, teeth cleaning, and more.

Call 833-731-1266 or log into the Beneplace website for additional information and a no-obligation quote. When enrolling in coverage, you will be asked to provide your "Payroll ID" which is your employee ID number.

Discount Program

The Discount Program offers you exclusive discounts on everything from new cars to computers to theme park tickets with new deals added weekly. To save on these deals and many more, visit leidos.savings.beneplace.com.

To enroll in the Auto/Home Insurance or Pet Insurance voluntary benefits, visit **www.leidosaddedbenefits.com/.**

YOUR 2027 OPEN ENROLLMENT CHECKLIST

Take Action!

- ✔ Visit Prism for information about the 2027 Benefits Program and Open Enrollment. Check out the Open Enrollment page on Prism.
- ✔ Elect 2027 benefits and make or change beneficiary designations in Workday.
- ✔ Once you submit your elections within Workday, you will get a screen that shows that your elections have been submitted successfully. You can "Select Print" to launch a printable version of this summary for your records.

At the conclusion of Open Enrollment, you may receive communication at your home from Alight, the administrator of our Dependent Eligibility Verification program. You will be asked to verify the eligibility of any dependents that you added to your medical, dental, and/or vision benefits for the 2027 plan year. Provide any required documents, such as a marriage certificate, birth certificate or residency document, to ensure benefit coverage for your dependents in 2027. If your required documents are not received by the due date indicated on the packet, your dependent(s) will be removed from coverage.



The Leidos Health and Welfare Benefits Plan (the "Plan") has been amended as described in this document, effective January 1, 2027.

This document serves as a Summary of Material Modifications ("SMM") and provides an overview of the changes and how they may affect you. This SMM supplements the Plan's Summary Plan Description, benefits booklets (for self-funded benefits), and insurance certificates (for insured benefits) (together, the "SPD") previously provided to you. Please read this SMM carefully and keep this SMM with your copy of the Plan's SPD. Please note, in the event of a conflict between the terms of the Plan document (as amended) and this SMM and/or the Plan's SPD, the Plan document will control. Additional SMMs and Summary Annual Reports (SARs) for the Plan are available on the Leidos SPD website at benefits.leidos.com.

BENEFITS CONTACTS

Plan or Program	Website	Phone Number
AD&D Insurance	www.newyorklife.com	800-238-2125
All Leidos benefits	Benefits Summary Plan Description website Benefits: Health & Welfare page on Prism	855-553-4367, option 3
Anthem (SmarterCare medical plans)	www.anthem.com	833-549-1179
Beneplace – Voluntary Benefits (i.e. Auto/Home Insurance and Pet Insurance)	Discount platform: leidos.savings.beneplace.com Voluntary Benefits enrollment website: www.leidosaddedbenefits.com/	800-683-2886
Cigna Global	www.CIGNAenvoy.com	800-441-2668 or 001-302-797-3100 outside U.S.
Dental Plans	Leidos Dental PPO (Delta Dental) deltadentalva.com/members/leidos Aetna DMO www.aetna.com	800-237-6060 877-238-6200
Dependent Eligibility Verification – Alight	digital.alight.com/leidos	866-851-0731
Group Universal Life (GUL) & Cash Accumulation Fund (CAF) – Administered by Mercer	N/A	855-735-4873 Plan number 52844
HMSA	www.hmsa.com	808-948-6111
HSA Bank – Health Savings Account (HSA) and Flexible Spending Account (FSA) Administrator	Member portal: myaccounts.hsabank.com	1-877-851-5276
Judi Rx	https://enrollment.judi.cloud/?client=leidos	833-202-5926
Kaiser	www.kp.org	800-777-7902 (Kaiser DC) 808-432-5955 (Kaiser Hawaii, Oahu) 800-966-5955 (Kaiser Hawaii, Neighbor Islands) 800-464-4000 (Kaiser California) 800-632-9700 (Kaiser Colorado)
Life Insurance – Prudential	N/A	888-257-0412 Medical Underwriting (EOI)
Prudential Supplemental Health Benefits (Hospital Indemnity & Accident Insurance)	To file a claim: http://www.prudential.com/mybenefits	844-455-1002

BENEFITS CONTACTS

Plan or Program	Website	Phone Number
Vision Service Plan (VSP)	www.leidos.vspforme.com	800-877-7195
Voluntary Long-Term Disability (LTD)	www.myNYLgbs.com	888-842-4462
Voluntary Short-Term Disability Insurance (VSDI)	File and view a claim/upload claim documentation: www.mysedgwick.com/	877-399-6443

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.

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For additional information, visit the Benefits Summary Plan Description website at benefits.leidos.com and Leidos Command Media at prism.leidos.com/command_media.

