LEIDOS 2019 Plan Year Benefit Summary

PLAN NAME PRODUCT NAME Leidos SYSTEMS CODE PLAN STATES

CUSTOMER SERVICE PHONE WEB ADDRESS

Benefit

Healthy Focus Advantage Plan BlueCard PPO Network MDBC AK, AL, AZ, CO, CT, FL, GA, IN, KY, LA, MA, MS, NC, NM, OH, PR, RI, SC, TN,TX, UT, WA, APO/FPO* 1-866-403-6183

www.anthem.com/Leidos/

In Network - Employee Pays

Out of Network*** - Employee Pays

HSA

Employee only: \$1,200 if salary is \$85,000 or less; \$500 if salary is between \$85,001 and \$150,000 Family: \$2,200 if salary is \$85,000 or less; \$1,000 if salary is between \$85,001 and \$150,000 \$0 if salary greater than \$150,000

HEALTHCARE FSA	Only eligible for limited purpose FSA	
ANNUAL DEDUCTIBLE**	\$1,350 Individual	\$1,350 Individual
(Integrated Deductible & ODM)	\$2,700 Family* \$2,700 Individual w/in Family Deductible	\$2,700 Family* \$2,700 Individual w/in Family deductible
(Integrated Deductible & OPM)	Not combined with Out of Network	Not combined with In Network
ANNUAL OUT-OF-POCKET MAXIMUM	\$3.000 Individual	\$3,000 Individual
(INCLUDING DEDUCTIBLE)	\$6,000 Family	\$6,000 Family
(Integrated Deductible & OPM)	\$6,000 Individual w/in Family	\$6,000 Individual w/in Family
	Plan pays 100% of eligible expenses after this amount	Plan pays 100% of eligible expenses after this amount
	has been satisfied. Not combined with Out of Network	has been satisfied. Not combined with Out of Network
	Unlimited	Unlimited
OFFICE VISITS	20% after deductible	50% after deductible
LAB X-RAY DIAGNOSTICS	20% after deductible	50% after deductible
PREVENTIVE CARE	Adult routine care: covered at 100% (not subject to	Adult routine care: covered at 50% after deductible; lim
	deductible); limit 1 per calendar year. Coverage for enhanced women's health benefits at 100%. Contact	1 per calendar year. Contact plan for specifics.
	plan for specifics.	
HOSPITAL CARE		
Inpatient	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
EMERGENCY CARE		
In-area	20% after deductible. For non-emergent use of the	20% after deductible. For non-emergent use of the
	emergency room, employee pays 50% after deductible	emergency room, employee pays 50% after deductible
Out-of-area	20% after deductible. For non-emergent use of the	20% after deductible. For non-emergent use of the
	emergency room, employee pays 50% after deductible	emergency room, employee pays 50% after deductible
PRESCRIPTIONS		
Retail	After deductible, \$5 generics, 30% brand and 50% non-	Not covered
	formulary brand. Certain preventive drugs not subject to deductible.****	
Mail-Order	After deductible, \$5 generics, 30% brand and 50% non-	Not covered
	formulary brand. Certain preventive drugs not subject to deductible.****	
MENTAL HEALTH		
Inpatient	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
SUBSTANCE ABUSE		
Inpatient Detox and Rehab	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
CHIROPRACTIC	20% after deductible if medically necessary	50% after deductible if medically necessary
DURABLE MEDICAL EQUIPMENT	20% after deductible	50% after deductible
VISION EXAMS	Not covered	Not covered
EYEWEAR	Not covered	Not covered

*APO/FPO addresses are not eligible for HSA plan set-up. A physical U.S. address must be provided.

**The family deductible is an aggregate deductible where you must satisfy entire deductible before the plan pays benefits for any member

*** Out-of-Network benefits based on Usual, Reasonable, and Customary (URC) charges for the specific service in that geographic region.

**** Prescription Drugs are administered by Express Scripts (ESI, formerly Medco)

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