



LEIDOS

2019 Healthy Focus User's Guide

**A "How-To" Guide to Using Your
Healthy Focus Medical Plan**

 **leidos**

What's Inside

Using Your Medical Plan	3
Healthy Focus Advantage and Essential: A Refresher	3
Healthy Focus Advantage and Essential Plans At-A-Glance	3
Comparing Medical Costs	4
Getting the Right Care When You Need It.....	6
What Happens When You Go to the Doctor.....	9
When Deductibles Apply	10
What Happens When You Need to Fill a Prescription	13
Prescription Drug Clinical Management Programs	14
 Using Your Health Accounts	 17
Health Savings Account (HSA).....	17
Flexible Spending Accounts (FSAs)	20
 Resources and Tools.....	 21
Anthem.....	21
Express Scripts.....	22
HealthEquity	23
 More Information	 24
Making Changes During the Year.....	24
Contacts	25

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

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

The information contained within these pages may be proprietary to Leidos, and is principally intended for 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 Cyber, QTC or Leidos Biomedical Research, Inc.

Using Your Medical Plan

HEALTHY FOCUS ADVANTAGE AND ESSENTIAL: A REFRESHER

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

- ▶ Preventive care is covered 100 percent in-network, no deductible
- ▶ You pay 100 percent for nonpreventive care, up to the deductible
- ▶ After you meet the deductible, the amount you pay depends on the medical plan:
 - If you are in the Healthy Focus Advantage Plan, you pay 20 percent and Leidos pays 80 percent for covered in-network services
 - If you are in the Healthy Focus Essential Plan, you pay 35 percent and Leidos pays 65 percent for covered in-network services
- ▶ Once you meet the out-of-pocket maximum, Leidos pays 100 percent for the rest of the plan year.

HEALTHY FOCUS ADVANTAGE AND ESSENTIAL PLANS AT-A-GLANCE

	Healthy Focus Advantage Plan		Healthy Focus Essential Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible ▶ Individual ▶ Family	\$1,350 \$2,700	\$1,350 \$2,700	\$2,000 \$4,000	\$2,000 \$4,000
Out-of-Pocket (OOP) Maximum ▶ Individual ▶ Family ▶ Embedded OOP	\$3,000 \$6,000 N/A	\$3,000 \$6,000 N/A	\$5,000 \$10,000 (\$7,900 for individual within family)	\$5,000 \$10,000 (\$7,900 for individual within family)
Your cost for Covered Care				
Preventive Care	0%	50% after deductible	0%	50% after deductible
▶ Doctor Office Visit ▶ Urgent Care ▶ Other Covered Care	20% after deductible	50% after deductible	35% after deductible	50% after deductible
▶ Emergency Room*	20% after deductible	20% after deductible	35% after deductible	50% after deductible

*For non-emergent use of the Emergency Room, employees pay 50% after deductible.

Cost Savings Tip: Use Network Providers

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

COMPARING MEDICAL COSTS

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

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

Tips on Comparing Costs

Here are a few important tips on comparing costs:

1

It never hurts to just call up a health provider and ask. They will probably want to know your health insurance company and what plan you're in. That's because they've negotiated different rates with different companies. Just have your information ready when you call, but know that they may not be able to give you an exact amount.

2

You can also go online to get an idea of the costs of various medical services. Your medical plan's web site often provides cost information for you to consider.



Cost vs. Quality

Without question, the quality of care you receive – not the cost of that care – is what really matters. But many people mistakenly believe that the more you pay for a health service, the better it must be. This is simply not true.

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

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

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



How Much Might a CT Scan Cost?

In an issue of *Consumer Reports*, a California woman who received a CT scan and other medical treatment in an emergency room was shocked when she received her bill. The San Jose, CA, woman was stunned to learn she was responsible for paying **\$14,600** for the CT scan, blood tests, and an IV.

The CT scan alone cost **\$9,038**. After doing a little research, the woman learned the cost of the same CT scan in-network was only **\$318**. It's possible that she had no choice in where she received the CT scan since she thought she had an emergency. All the same, her story shows how significant medical costs can differ for the same procedure.

GETTING THE RIGHT CARE WHEN YOU NEED IT

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

	Why Would I Use This Care Center?	What Type of Care Would They Provide?	What Would That Cost Me In-Network?
Doctor's Office or Primary Care Physician (PCP)	If you need routine care or treatment for a current health issue	<ul style="list-style-type: none"> Preventive services, including routine checkups and immunizations Manage your general health 	Healthy Focus Advantage: <ul style="list-style-type: none"> \$0, no deductible for preventive care 20% after deductible for nonpreventive care Healthy Focus Essential: <ul style="list-style-type: none"> \$0, no deductible for preventive care 35% after deductible for nonpreventive care
Teladoc	If you can't get to the doctor's office, but your condition is not urgent or an emergency	<ul style="list-style-type: none"> Common infections (e.g., strep throat) Minor skin condition (e.g., poison ivy) 	\$40 consultation fee Covered at 100% once in-network deductible has been satisfied
Convenience Care Center	If you can't get to the doctor's office, but your condition is not urgent or an emergency; usually found in malls or retail stores	<ul style="list-style-type: none"> Common infections (e.g., strep throat) Minor skin condition (e.g., poison ivy) Flu shots Pregnancy tests Minor cuts Earaches 	Healthy Focus Advantage: <ul style="list-style-type: none"> 20% after deductible Healthy Focus Essential: <ul style="list-style-type: none"> 35% after deductible
Urgent Care Center	If you need care quickly, but it is not an emergency and your PCP is not available	<ul style="list-style-type: none"> Sprains Strains Minor broken bones Minor infections Minor burns 	Healthy Focus Advantage: <ul style="list-style-type: none"> 20% after deductible Healthy Focus Essential: <ul style="list-style-type: none"> 35% after deductible
Emergency Room Care (for true emergencies)	If you need immediate care for a very serious or critical condition	<ul style="list-style-type: none"> Large open wounds Chest pain Major burns Severe head injury Major broken bones 	Healthy Focus Advantage: <ul style="list-style-type: none"> 20% after deductible Healthy Focus Essential: <ul style="list-style-type: none"> 35% after deductible

Teladoc: Quality Care From Home, Work or on the Go

If you are enrolled in the Healthy Focus Advantage or Essential plan, you have access to Teladoc, a service that helps you resolve non-emergency medical issues – like sinus infections, cold and flu

symptoms, urinary tract infections, allergies or bronchitis – at any time from wherever you happen to be.

Teladoc provides phone and video conference access to a national network of U.S. board-certified doctors and pediatricians who are available at any time to diagnose, treat and prescribe medication (when necessary) for many medical issues. The cost is \$40 per consultation. After you meet the medical plan in-network deductible, the consultation fee will be covered at 100%.

Teladoc also offers dermatological and caregiver consultations; fees will vary for these types of consultations.

Grand Rounds

Whether you need help finding the best physician in your area, information about a new



Get Started

Visit www.teladoc.com/doctornow and click Set up account, then provide the required information. You will need to set up a personal profile to use the service. You can set up your profile online at no cost. There is a one-time \$12 convenience fee if you use a Teladoc representative to set up your profile.

Teladoc phone consultations are available 24 hours a day, seven days a week while video consultations are available during the hours of 7 a.m. to 9 p.m. in your local time zone, seven days a week. For more information, go to www.teladoc.com/doctornow or call 1-800-Teladoc (1-800-835-2362).

diagnosis or treatment, or support deciding if surgery is right for you, Grand Rounds will take care of it all. The following services will be offered to employees enrolled in Healthy Focus medical plans:

- ▶ Free Expert Medical Opinion (non-mandatory) – Grand Rounds partners with world-leading specialists so they can provide exceptional expertise and support for the most complex cases.
- ▶ Office Visits – Assists participants in finding high-quality in-network physicians, scheduling appointments and medical records transfer.
- ▶ Treatment Decision Support – Physician led care team can assist participants in making the right decisions based on their condition/case.

WHAT HAPPENS WHEN YOU GO TO THE DOCTOR



Expert opinions for optimized treatment plan
20% of Grand Rounds expert opinions are for members with cancer

With Expert Opinions

36%

OF ONCOLOGY CASES RESULT IN
CHANGE IN TREATMENT PLAN

Ana

CHANGE IN TREATMENT PLAN & CANCER-FREE



Situation
Ana was diagnosed with cervical cancer and underwent surgery and chemotherapy to remove her tumors. For 6 months post-surgery, Ana experienced pain and negative side effects. Her treating physicians were not able to give clear direction based on her radiology reports. She looked to Grand Rounds for a second opinion.

Outcome
A world-renowned gynecologic oncologist reviewed Ana's medical record and recommended a potentially life-saving hysterectomy. Post-surgical pathology results confirmed there were still cancer cells on Ana's cervix. She is now cancer and symptom free.

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When – and How – Do You Pay For Care? Just Follow These Steps When You See the Doctor.

YOUR EXPLANATION OF BENEFITS (EOB) is a statement sent by Anthem explaining what your

1

Present your medical ID card at the time you receive care. Your doctor should not bill you for care until your claim is processed by Anthem.

2

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

3

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

4

If you are in the Anthem network, review the amount listed under "Member Responsibility" on your EOB. That total is what you owe the doctor, less any previous payments you may have made for the services listed on the EOB.

5

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

Find an In-Network Doctor

[Click here](#) to find a provider in your network.

plan paid and what you owe for any medical procedures and/or services you received.

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

Cost Savings Tip: Read Your Bills Carefully

It's been reported that up to half of all doctor or hospital bills may contain mistakes that end up costing you money. Something as simple as an incorrect billing code could prompt your health plan to pay less than expected or even reject your claim.

Other common errors include:

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

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

WHEN DEDUCTIBLES APPLY

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

Services (In-Network)	Healthy Focus Advantage and Essential Plans	
	Deductible applies	Deductible doesn't apply
Personal doctor or specialist visit for preventive care (In-network only)		●
Personal doctor or specialist visit for illness, injury or chronic condition	●	
Lab charges for test associated with preventive care visit		●
Lab charges for test associated with "sick" doctor visit	●	
Outpatient services	●	
Emergency room visits	●	
Inpatient hospital stays	●	
Nonpreventive prescription drugs	●	



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

The Healthy Focus medical plans are consumer directed health plans. Here's how the deductible and out-of-pocket maximum are required to work for consumer directed health plans for purposes of compliance:

YOUR DEDUCTIBLE DEPENDS ON WHO YOU COVER:

EMPLOYEE-ONLY COVERAGE

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

SPOUSE/DOMESTIC PARTNER AND/OR CHILDREN COVERAGE

If you enroll your spouse or domestic partner and/or children, you and your dependents must meet the full family deductible before the plan shares in the cost of nonpreventive care.

THE OUT-OF-POCKET MAXIMUM WORKS THE SAME:

EMPLOYEE-ONLY COVERAGE

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

SPOUSE/DOMESTIC PARTNER AND/OR CHILDREN COVERAGE



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

The family out-of-pocket maximum must be met before the plan begins paying 100 percent for any individual. However, for the Healthy Focus Essential plan, if one individual within the family meets the embedded out-of-pocket maximum of \$7,900, the plan will begin paying 100% for that individual.

Cost Savings Tip: Take Advantage of Preventive Screenings and Checkups

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

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

This may be a mistake, because in-network preventive care is covered 100 percent, no deductible. If you get a bill for a preventive service, be sure to contact Anthem at 1-866-403-6183 to review your bill.

WHAT ABOUT OUT-OF-NETWORK PREVENTIVE CARE?

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

Note:

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



WHAT HAPPENS WHEN YOU NEED TO FILL A PRESCRIPTION

- When you enroll in a Healthy Focus medical plan, you **automatically** have prescription drug coverage through Express Scripts.

	In-Network	Out-Of-Network
Generic	\$5 after deductible	Not Covered
Preferred Brand	30% after deductible	Not Covered
Non-Preferred Brand	50% after deductible	Not Covered

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

- You must meet the annual deductible before the plan begins sharing the cost for nonpreventive prescription drugs.

Tip!

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

If you enroll in a Healthy Focus medical plan, Leidos may contribute to your HSA (depending on your coverage level and base annual salary) to help cover out-of-pocket medical and prescription drug costs. See page 17 to learn more.

- The plans provide coverage for prescriptions filled through retail pharmacies or mail order. Here's how prescription drug coverage works under both plans.

Retail	Mail Order
<p>Choose retail when you need your prescription right away. You can get your prescription filled at thousands of network pharmacies around the country. You can access a list of participating pharmacies near you by registering online at www.express-scripts.com/leidos.</p>	<p>Choose home delivery for prescriptions you take regularly. By signing up for mail order prescriptions, your medications are delivered to your home and you can conveniently manage your prescriptions online while saving time. Just log in to www.express-scripts.com/leidos to get started.</p>

PREScription DRUG CLINICAL MANAGEMENT PROGRAMS

Prior Authorization

Prior Authorization is a feature of your prescription benefits that helps ensure the appropriate use of selected prescription drugs. Certain prescription drugs require your doctor to get approval before they're covered. This process helps make sure you receive the right medicine in the correct dose, which is very important if you're taking a specialty drug.

Step Therapy

Step Therapy is an approach intended to control the costs and risks posed by certain prescription drugs. It begins by trying the safest and most cost-effective drug therapy for a medical condition and progresses to other more costly or risky drug therapies only if necessary.

Walgreens Smart90

The Walgreens Smart90 Program is a feature of the Express Scripts program where participants can receive a 90-day supply of maintenance medication through either Express Scripts mail order or any Walgreens network pharmacy. If the medication is not filled through mail order or a Walgreens pharmacy, participants will pay a penalty. Starting in 2019, these penalties will not count towards the deductible or out-of-pocket maximum. Additionally, participants will still receive penalties after they have met their out-of-pocket maximum.

Livongo Diabetes Management

Leidos has partnered with Express Scripts to offer a diabetes management solution through Livongo. The Livongo program offers a blood glucose monitor accompanied with a service designed to intervene and help coach individuals diagnosed with diabetes. *Participants in the Livongo program will receive their testing strips for the Livongo glucose meter for free.*

The program is available to all U.S. benefits eligible employees enrolled in the Healthy Focus medical plans at no cost.



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

1. **Present your Express Scripts prescription card** when picking up your prescription or have it on hand when ordering through mail order.
 2. **Under both medical plan options, you must meet the annual deductible before the plan begins sharing the cost for prescription drugs.** The deductible does not apply to certain preventive drugs, such as certain diabetic prescriptions and medications to treat and prevent hypertension, high cholesterol and asthma. See a [list of approved preventive medications](#).
 3. **Under both plans, after you meet the deductible, you'll pay a \$5 copay for all generic prescriptions, 30 percent for formulary prescriptions and 50 percent for non-formulary prescriptions.**
-

Cost Savings Tips

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

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

2. KNOW WHY YOU ARE TAKING A MEDICATION

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

3. USE THE EXPRESS SCRIPTS MAIL SERVICE OR WALGREENS SMART90 PROGRAM FOR YOUR LONG-TERM MEDICATIONS.

You can get up to a 90-day supply for a single mail-order payment. That means you will typically pay less over time. Also, your medications are mailed right to you, with free standard shipping.

4. EXPLORE THE MY RX CHOICES PRESCRIPTION SAVINGS PROGRAM (ALSO KNOWN AS SAVINGS ADVISOR) ON THE EXPRESS SCRIPTS WEBSITE.

With My Rx Choices, you can see if you have lower-cost alternatives available for medications you take regularly. Simply look up the name of your medication to find potential savings.

Using Mail Order

DO YOU HAVE A NEW PRESCRIPTION OR REFILL?

If you have a...	
New Prescription	Refill
A new prescription can take up to 14 days to receive if there are no issues with the prescription. Express Scripts typically ships within eight days of receiving a new prescription. To check the status of your order, contact Express Scripts at 1-877-223-4721 or www.express-scripts.com/leidos .	Call the automated refill system at 1-800-4REFILL (1-800-473-3455) or visit www.express-scripts.com/leidos and click Order center. Refills are typically received three to five days after your order is placed . You will need to register the first time you visit the web site. Be sure to have your member ID number and a recent prescription number handy.

HOW TO GET STARTED

- Determine your cost (your out-of-pocket expense)**
Contact Express Scripts at 1-877-223-4721 or visit the [Express Scripts site](#) to review your medications and determine the cost for a 90-day supply through mail order. Remember for retail, the quantity is limited to a 30-day supply per fill.
- Provide a prescription for up to a 90-day supply with up to three refills (one-year supply) to Express Scripts**
Due to pharmacy regulations, existing prescriptions must be renewed annually – and sometimes more frequently if the medication is a controlled substance.

THERE ARE FOUR WAYS YOU CAN PROVIDE YOUR PRESCRIPTION TO EXPRESS SCRIPTS:

- ▶ **Office visit to provider** – Once you have received your prescription from your provider, complete the mail order form and mail it with your prescription and payment to the address listed on the form. A new form must be completed for each prescribing provider and each individual family member.
- ▶ **Provider ePrescribing** – Many providers have access to technology that allows them to send an electronic prescription directly to Express Scripts. Although this technology is not widely used, it is becoming more available. Ask your provider if they have access to ePrescribing.
- ▶ **Call your provider** – Ask your provider to send your new prescription to Express Scripts or to call 1-888-327-9791 for faxing instructions. Only your provider can fax your prescription.
- ▶ **Call Express Scripts** – Express Scripts will send a fax request to your provider at your request. You must call the provider and let him or her know that Express Scripts will be sending a fax request for a prescription. If your provider does not respond to the fax request for a new prescription, the turnaround time may be affected.

If you ask your provider to fax the prescription or if you ask Express Scripts to contact your provider for a new prescription, check two days after you made the request to be sure that the prescription was received.

Using Your Health Accounts

HEALTH SAVINGS ACCOUNT (HSA)

► **Money in an HSA has triple tax advantages***

1. Money contributed to the account is contributed before federal taxes and most state taxes are calculated. This means that for every dollar you elect to contribute to your account, your taxable pay goes down by one dollar. So, if you're in a 25 percent tax bracket, a \$100 contribution to your account will cost you only \$75!
2. Money grows tax-free while in the account. Any earnings or investment returns on money in your account is not taxed while in the account.
3. Money you withdraw for health (medical, dental, vision) expenses is not taxed. As long as you use money in your account for health expenses, you don't have to pay taxes on that money when you take it out.

► **Money in your account can roll over from one year to the next.**

- **You can invest money in your HSA.** Once your account balance reaches \$100, you can choose from among a number of investment funds to have amounts above \$100 invested. Any money not invested is FDIC insured and receives modest interest.
- **The money in your HSA is always yours.** You can take it with you if or when you leave Leidos for any reason.



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

Checking Your HSA Balance

1. Go to www.myhealthequity.com.
2. Login with your username and password.
If you're a first-time user, click "Create user name and password" to register.
3. Then, check your balance – it's that easy!

Getting Money Into Your HSA

THERE ARE TWO WAYS MONEY GOES INTO YOUR ACCOUNT:

From Leidos:	From You:
<ul style="list-style-type: none"> • The Company may contribute to your HSA if you enroll in a Healthy Focus medical plan. • The Company HSA contribution is based on your annual salary* and coverage level. <p>Note: The Company contribution to your HSA will be made in equal installments on a biweekly basis beginning in January.</p>	<p>You can make pretax contributions from your pay, or after-tax contributions directly to HealthEquity, up to:</p> <ul style="list-style-type: none"> • \$3,500 for individual coverage • \$7,000 for family coverage • An extra \$1,000 if you are age 55, or older <p>Note: This maximum is reduced by any contribution you receive from Leidos.</p>

* The Company's HSA contribution is based on an employee's base salary as of Oct. 25, 2018 or benefits eligibility/new hire date, whichever occurs later. The Company's contribution will not change in the event that salary and/or coverage level change during the plan year (e.g., Employee Only to Employee + Spouse).

Making Changes to Your HSA Contributions

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

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

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

Note:

Your HSA contribution changes are effective the first day of the month, following the date of your contribution change.

Claiming Your HSA Expenses on Your Taxes

- ▶ Once the calendar year ends, you will receive a W-2 that shows any contributions made by you and/or Leidos to your HSA account.
- ▶ You will receive a 1099-SA, which shows the withdrawals from your HSA. It's important to keep all of your Explanation of Benefits (EOB) forms and receipts throughout the year, in case you're audited by the IRS.
- ▶ You'll also receive a Form 5498 from your HSA bank by the end of May. Keep this form with your tax return copies in case you're audited.
- ▶ When completing your taxes be sure to check the box confirming funds were used for healthcare expenses.

If you are working with a tax preparer, take copies of Form 1099-SA and Form 5498 to your advisor.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

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

Health Care FSAs in Review

LEIDOS OFFERS TWO TYPES OF HEALTH CARE FSAS ...

HSA-Compatible (Limited Purpose Health Care FSA)	Health Care FSA
<ul style="list-style-type: none"> • You choose to contribute – up to \$2,650 – to the account during the year • Use it when you have an HSA • For eligible dental and vision expenses • For medical and prescription drug expenses after you meet the deductible (Contact HealthEquity if you meet the deductible to find out what you will need to provide to begin using your account for eligible medical and prescription drug expenses.) 	<ul style="list-style-type: none"> • You choose to contribute – up to \$2,650 – to the account during the year • Use it when you're not enrolled in a Healthy Focus plan with HSA • For eligible medical, prescription drug, dental and vision expenses

Cost Savings Tips:

ESTIMATE CAREFULLY

Due to IRS regulations, you cannot change your FSA election amount during the year unless you have a qualified change in family status. If you have 2019 expenses that you need to submit for reimbursement, you have until April 30, 2020 to do so. It is important to note that any money left in your account at the end of the plan year will be forfeited.

TIP: You can use up to the total amount you choose to contribute to your account from scheduled payroll contributions for eligible healthcare expenses, even if those funds are not yet in your account. For dependent day care expenses, you can only be reimbursed up to your current account balance when your claim is filed.

Carry-Over Feature:

Don't forget that you are able to carry over up to \$500 of your unused Limited Purpose FSA or Health Care FSA balance remaining at the end of the year into 2020. The carry-over feature helps you avoid losing unused money at the end of the year!

Resources and Tools

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

GET SUPPORT FOR YOUR MEDICAL PLAN AT ANTHEM.COM/LEIDOS

The Anthem web site is an easy-to-use, secure online resource for your Healthy Focus medical plan information. When you register, you'll have access to a personalized web site to help you learn, save and stay healthy.

Visit Anthem.com/leidos to check out these great tools:

Find a Doctor – locate doctors and other healthcare professionals in your area who participate in your plan

Coverage Advisor Tool – estimate what your out-of-pocket costs might be for future healthcare services under the Healthy Focus plan options

Cost & Quality Tool – find costs for procedures, doctor's office visits, lab tests and surgery before you go; compare costs from different doctors and hospitals so you can save money

My Health Record – use MyHealth Record to store your health information in one place for easy access and convenience

There's more online learning support for you!

- ▶ **eTutorial and Video Library** – check out these videos to learn how to get the most from your medical plan:
 - **24/7 Nurse Line** – contact a nurse toll-free, anytime for help with general health questions
 - **Future Moms** – learn more about the costs of healthcare services
 - **ConditionCare** – get help managing your health with the help of a dedicated nurse team and health professionals

GET SUPPORT MANAGING YOUR PRESCRIPTIONS AT EXPRESS-SCRIPTS.COM

From the welcome page, you'll need to register to access information and tools to help you manage your prescriptions.

www.express-scripts.com/leidos can help you:

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

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

Comparison shop for possible cost-savings opportunities for medications you take regularly using My Rx Choices®

View the list of preferred brand name drugs (formulary)

See the list of preventive medications

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

Find a participating Express Scripts pharmacy near you

Ask a pharmacist questions anytime, day or night

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

More Help for Your Health

Remember you have two great health resources available to support you – Grand Rounds and Teladoc. See Contacts on page 25 for web and phone contact information.

Go to www.express-scripts.com/leidos and download the free Express Scripts mobile app and get help managing your prescriptions from anywhere, anytime.

GET SUPPORT MANAGING YOUR HSA OR FSA AT **HEALTHEQUITY.COM**

From the welcome page, register to access your personalized information and manage your account during the year.

Go to [HealthEquity.com](#) to:

Get tips for how to plan for using your account well

Access a calculator for help deciding how much to contribute to an account:

- HSA calculator
- FSA calculator

Look up eligible expenses

Find out who qualifies as an eligible dependent

See frequently asked questions



HEALTHEQUITY MOBILE APP

- ▶ On-the-go access for all account types
- ▶ Take a photo of documentation with phone and link to claims and payments
- ▶ Send payments and reimbursements from HSA
- ▶ Manage debit card transactions
- ▶ View claims status

Available FREE for iOS and Android

Visit [HealthEquity.com](#) to learn about the HealthEquity mobile site and EZ Receipts™ mobile apps for help managing your accounts when you're on the go.

More Information

MAKING CHANGES DURING THE YEAR

Because contributions for most benefits are deducted on a pretax basis, IRS regulations require that, once enrolled, you may not change your benefit elections until the next Open Enrollment period unless you experience a qualified status change. Experiencing a qualified status change allows you to change the level of coverage – but not switch plans – within 31 days of the event. Qualified status changes include, but are not limited to:

- ▶ Adding a dependent through marriage, registered domestic partnership, birth, adoption or legal guardianship
- ▶ Losing a dependent through legal separation, annulment, divorce, dissolving of a registered domestic partnership or death
- ▶ Dependent's loss of eligibility by reaching age 26*
- ▶ Obtaining coverage through the Health Insurance Marketplace
- ▶ Loss of other health insurance coverage through the employer of a spouse or registered domestic partner (for example, because of layoff, termination, disability, severance, substantial reduction in benefits or reduction in work hours)
- ▶ Gaining eligibility for other coverage through a spouse's plan, COBRA or Medicare (or MediCal in California)
- ▶ Receiving a court order – a Qualified Medical Child Support Order (QMCSO) – requiring the addition of medical coverage for children not in the participant's custody
- ▶ Changing residence and thereby affecting access to a plan service area
- ▶ Changing child or adult care situations, such as providers or costs

* TRICARE Supplement coverage is available to unmarried dependent children under age 21 (or under age 23 if a full-time student). It is available to unmarried dependent children younger than age 26 if the participant is enrolled in the TRICARE Young Adult (TYA) program and as long as the children are not eligible for other employer-sponsored health coverage. Domestic partners and domestic partner's children are not eligible for coverage under the TRICARE Supplement plan.

Benefit Changes Must be Consistent with Qualified Status Change

Any changes made outside of the Open Enrollment period must be consistent with the qualified status change event. You may add a spouse as a dependent, for example, after a marriage, but may not change from one plan to another. A qualified status change does not occur when a participant's provider leaves a plan or network.

To enroll or change your health and welfare benefit elections, go to [Workday](#). Elections must be completed within 31 days of the event date.

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 enrolling dependents in the medical plans, be sure to include their social security numbers.

CONTACTS

Benefit	Provider and Link	Phone Number
Benefits Information	Benefits Summary Plan Description web site https://www.leidos.com/benefitspd	
Medical plan choices	Anthem.com/leidos (Anthem Blue Card PPO Network)	1-800-843-9126
Health Savings Account (HSA) and Flexible Spending Account (FSA)	www.healthequity.com	1-844-373-6981
Prescription Drug	express-scripts.com/leidos	1-877-223-4721
Teladoc	teladoc.com/doctornow	1-800-835-2362
Mission for Life Wellness Program	leidos.limeade.com	1-855-238-6955
Grand Rounds	www.grandrounds.com/leidos	1-855-394-1637
Livongo	https://welcome.livongo.com/LEIDOS	1-800-945-4355
Employee Assistance Program and Work/Life Plan (EAP)	Empathia www.mylifematters.com (Password: Leidos1) Global EAP	1-800-634-6433 +44 33 00 241 021

Do you have a benefit-related question?

Contact Employee Services by phone at 1-855-553-4367, select option 3 or email AskHR@leidos.com.