LEIDOS 2020 Plan Year Benefit Summary

PLAN NAME	Healthy Focus Basic Plan		
PRODUCT NAME	BlueCard PPO Network		
Leidos SYSTEMS CODE	ANTHEM TO PROVIDE		
PLAN STATES	AK, AL, AZ, CO, CT, FL, GA, IN, KY, LA, MA, MS, NC, NM, OH, PR, RI, SC, TN,TX, UT, WA, APO/FPO*		
CUSTOMER SERVICE PHONE	1-866-403-6183		
WEB ADDRESS	www.anthem.com/Leidos/		
Benefit	In Network - Employee Pays	Out of Network*** - Employee Pays	
HSA			
ISA	Employee only: \$100 if salary is \$85,000 or less Family: \$300 if salary is \$85,000 or less		
	\$0 if salary greater than \$85,000		
	Employees may elect to contribute addi	tional funds up to annual maximum	
HEALTHCARE FSA	Only eligible for limit	ed purpose FSA	
ANNUAL DEDUCTIBLE**	\$4.000 Individual	\$8,000 Individual	
-	\$8,000 Family**	\$16,000 Family**	
(Integrated Deductible & OPM)	\$8,000 Individual w/in Family deductible	\$16,000 Individual w/in Family deductible	
	Not combined with Out of Network	Not combined with In Network	
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,750 Individual	\$13,000 Individual	
	\$13,500 Family	\$27,000 Family	
(Integrated Deductible & OPM)	\$8,150 Individual w/in Family Plan pays 100% of eligible expenses after this amount has been	\$27,000 Individual w/in Family Plan pays 100% of eligible expenses after this amount has been	
	satisfied.	satisfied.	
	Not combined with Out of Network	Not combined with In Network	
LIFETIME MAXIMUM BENEFIT	Unlimited	Unlimited	
OFFICE VISITS	50% after deductible	50% after deductible	
	50% after deductible	50% after deductible	
PREVENTIVE CARE	Adult routine care: covered at 100% (not subject to deductible); limit 1	Adult routine care: covered at 50% after deductible; limit 1 per	
	per calendar year. Coverage for enhanced women's health benefits at 100%. Contact plan for specifics.	calendar year. Contact plan for specifics.	
HOSPITAL CARE			
Inpatient	50% after deductible	50% after deductible	
Outpatient	50% after deductible	50% after deductible	
EMERGENCY CARE			
In-area	50% after deductible.	50% after deductible. For non-emergent use of the emergency	
	For non-emergent use of the emergency room, employee pays 50% after deductible	room, employee pays 50% after deductible	
Out-of-area	50% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible	50% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible	
PRESCRIPTIONS			
Retail	After deductible, 50% generics, 50% brand and 50% non-formulary	Not covered	
i cian	brand. Certain preventive drugs not subject to deductible.****		
Mail-Order	After deductible, 50% generics, 50% brand and 50% non-formulary brand. Certain preventive drugs not subject to deductible.****	Not covered	
MENTAL HEALTH			
Inpatient	50% after deductible	50% after deductible	
Outpatient	50% after deductible	50% after deductible	
SUBSTANCE ABUSE			
Inpatient Detox and Rehab	50% after deductible	50% after deductible	
Outpatient	50% after deductible	50% after deductible	
CHIROPRACTIC	50% after deductible	50% after deductible if medically necessary	
	Covered if medically necessary		
	50% after deductible	50% after deductible	
	Not covered	Not covered	
EYEWEAR	Not covered	Not covered	

** 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.