

**LEIDOS**  
**2020 Plan Year Benefit Summary**

PLAN NAME	<b>Healthy Focus Premier Plan</b>
PRODUCT NAME	<b>Aetna Choice POS II Network</b>
Leidos SYSTEMS CODE	<b>AETNA TO PROVIDE</b>
PLAN STATES	AR, CA, DC, DE, IA, ID, IL, KS, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NV, NY, OK, OR, PA, SD, VA, VT, WI, WV, WY, APO/FPO*
CUSTOMER SERVICE PHONE	1-800-843-9126
WEB ADDRESS	www.aetna.com

Benefit	In Network - Employee Pays	Out of Network*** - Employee Pays
<b>HSA</b>	Employee only: <b>\$1,000</b> if salary is \$85,000 or less; \$500 if salary is between \$85,001 and \$150,000 Family: <b>\$2,000</b> 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 Employees may elect to contribute additional funds up to annual maximum	
<b>HEALTHCARE FSA</b>	Only eligible for limited purpose FSA	
<b>ANNUAL DEDUCTIBLE**</b>  (Integrated Deductible & OPM)	\$1,400 Individual \$2,800 Family** \$2,800 Individual w/in Family deductible Not combined with Out of Network	\$2,800 Individual \$5,600 Family** \$5,600 Individual w/in Family deductible Not combined with In Network
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b> (INCLUDING DEDUCTIBLE) (Integrated Deductible & OPM)	\$1,400 Individual \$2,800 Family \$2,800 Individual w/in Family Plan pays 100% of eligible expenses after this amount has been satisfied. Not combined with Out of Network	\$2,800 Individual \$5,600 Family \$5,600 Individual w/in Family Plan pays 100% of eligible expenses after this amount has been satisfied. Not combined with In Network
<b>LIFETIME MAXIMUM BENEFIT</b>	Unlimited	Unlimited
<b>OFFICE VISITS</b>	Innovation Health Facility: 0% after deductible Choice POS II facility: 0% after deductible	0% after deductible
<b>LAB X-RAY DIAGNOSTICS</b>	Innovation Health Facility: 0% after deductible Choice POS II facility: 0% after deductible	0% after deductible
<b>PREVENTIVE CARE</b>	Adult routine care: covered at 100% (not subject to deductible); limit 1 per calendar year. Coverage for enhanced women's health benefits at 100%. Contact plan for specifics.	Adult routine care: covered at 100% after deductible; limit 1 per calendar year. Contact plan for specifics.
<b>HOSPITAL CARE</b>		
<b>Inpatient</b>	Innovation Health Facility: 0% after deductible Choice POS II facility: 0% after deductible	0% after deductible
<b>Outpatient</b>	Innovation Health Facility: 0% after deductible Choice POS II facility: 0% after deductible	0% after deductible
<b>EMERGENCY CARE</b>		
<b>In-area</b>	Innovation Health Facility: 0% after deductible Choice POS II Facility: 0% after deductible. For non-emergent use of emergency room, employee pays 50% after deductible	0% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible
<b>Out-of-area</b>	0% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible	0% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible
<b>PRESCRIPTIONS</b>		
<b>Retail</b>	After deductible, 0% generics, 0% brand and 0% non-formulary brand. Certain preventive drugs not subject to deductible.****	Not covered
<b>Mail-Order</b>	After deductible, 0% generics, 0% brand and 0% non-formulary brand. Certain preventive drugs not subject to deductible.****	Not covered
<b>MENTAL HEALTH</b>		
<b>Inpatient</b>	Innovation Health Facility: 0% after deductible Choice POS II facility: 0% after deductible	0% after deductible
<b>Outpatient</b>	Innovation Health Facility: 0% after deductible Choice POS II facility: 0% after deductible	0% after deductible
<b>SUBSTANCE ABUSE</b>		
<b>Inpatient Detox and Rehab</b>	Innovation Health Facility: 0% after deductible Choice POS II facility: 0% after deductible	0% after deductible
<b>Outpatient</b>	Innovation Health Facility: 0% after deductible Choice POS II facility: 0% after deductible	0% after deductible
<b>CHIROPRACTIC</b>	Innovation Health Facility: 0% after deductible Choice POS II facility: 0% after deductible Covered if medically necessary	0% after deductible if medically necessary
<b>DURABLE MEDICAL EQUIPMENT</b>	Innovation Health Facility: 0% after deductible Choice POS II facility: 0% after deductible	0% after deductible
<b>VISION EXAMS</b>	Not covered	Not covered
<b>EYEWEAR</b>	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.