# LEIDOS
## 2020 Plan Year Benefit Summary

**PLAN NAME**: Healthy Focus Advantage Plan  
**PRODUCT NAME**: BlueCard PPO Network  
**Leidos SYSTEMS CODE**: MDBC  
**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/

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In Network - Employee Pays</th>
<th>Out of Network*** - Employee Pays</th>
</tr>
</thead>
</table>
| **HSA**                  | Employee only: **$1,000** if salary is $85,000 or less; **$500** if salary is between $85,001 and $150,000  
Family: **$2,000** 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 |                                                                                                       |
| **HEALTHCARE FSA**       | Only eligible for limited purpose FSA                                                                                                              |                                                                                                       |
| **ANNUAL DEDUCTIBLE**    | $1,400 Individual  
$2,800 Individual w/in Family deductible  
Not combined with Out of Network | $2,800 Individual  
$5,600 Individual w/in Family deductible  
Not combined with In Network |
| (Integrated Deductible & OPM) |                                                                                                       |                                                                                                       |
| **ANNUAL OUT-OF-POCKET MAXIMUM** | $3,000 Individual  
$6,000 Individual w/in Family deductible  
Plan pays 100% of eligible expenses after this amount has been satisfied.  
Not combined with Out of Network | $6,000 Individual  
$12,000 Individual w/in Family deductible  
Plan pays 100% of eligible expenses after this amount has been satisfied.  
Not combined with In Network |
| (INCLUDING DEDUCTIBLE)   |                                                                                                       |                                                                                                       |
| **LIFETIME MAXIMUM BENEFIT** | 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 deductible); limit 1 per calendar year. Coverage for enhanced women's health benefits at 100%. Contact plan for specifics.  
Adult routine care: covered at 50% after deductible; limit 1 per calendar year. Contact 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 emergency room, employee pays 50% after deductible  
For non-emergent use of the emergency room, employee pays 50% after deductible | 20% after deductible.  
For non-emergent use of the emergency room, employee pays 50% after deductible  
For non-emergent use of the emergency room, employee pays 50% after deductible |
| Out-of-area              | 20% after deductible.  
For non-emergent use of the emergency room, employee pays 50% after deductible  
For non-emergent use of the emergency room, employee pays 50% after deductible | 20% after deductible.  
For non-emergent use of the emergency room, employee pays 50% after deductible  
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| **PRESCRIPTIONS**        |                                                                                                       |                                                                                                       |
| Retail                   | After deductible, $5 generics, 30% brand and 50% non-formulary brand.  
Certain preventive drugs not subject to deductible.**** Not covered |                                                                                                       |
| Mail-Order               | After deductible, $5 generics, 30% brand and 50% non-formulary brand.  
Certain preventive drugs not subject to deductible.**** Not covered |                                                                                                       |
| **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  
Covered 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 |                                                                                                       |

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*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.