# LEIDOS
## 2020 Plan Year Benefit Summary

**PLAN NAME** | Healthy Focus Premier 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 Summary

<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 Family**  
(Integrated Deductible & OPM)  
$2,800 Individual w/in Family deductible  
Not combined with Out of Network |
| $2,800 Individual  
$5,600 Family**  
(Integrated Deductible & OPM)  
$5,600 Individual w/in Family deductible  
Not combined with In Network |
| **ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDING DEDUCTIBLE)** | $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 |
| **LIFETIME MAXIMUM BENEFIT** | Unlimited  
Unlimited |
| **OFFICE VISITS** | 0% after deductible  
0% after deductible |
| **LAB X-RAY DIAGNOSTICS** | 0% after deductible  
0% 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 100% after deductible; limit 1 per calendar year. Contact plan for specifics. |
| **HOSPITAL CARE** | Inpatient  
Outpatient |
| Inpatient | 0% after deductible  
0% after deductible |
| Outpatient | 0% after deductible  
0% after deductible |
| **EMERGENCY CARE** | In-area  
Out-of-area |
| In-area | 0% after deductible  
0% after deductible |
| Out-of-area | 0% after deductible  
0% after deductible |
| **PRESCRIPTIONS** | Retail  
Mail-Order |
| Retail | After deductible, 0% generics, 0% brand and 0% non-formulary brand.  
Certain preventive drugs not subject to deductible.****  
Not covered |
| Mail-Order | After deductible, 0% generics, 0% brand and 0% non-formulary brand.  
Certain preventive drugs not subject to deductible.****  
Not covered |
| **MENTAL HEALTH** | Inpatient  
Outpatient |
| Inpatient | 0% after deductible  
0% after deductible |
| Outpatient | 0% after deductible  
0% after deductible |
| **SUBSTANCE ABUSE** | Inpatient Detox and Rehab  
Outpatient |
| Inpatient Detox and Rehab | 0% after deductible  
0% after deductible |
| Outpatient | 0% after deductible  
0% after deductible |
| **CHIROPRACTIC** | Covered if medically necessary  
0% after deductible if medically necessary |
| **DURABLE MEDICAL EQUIPMENT** | 0% after deductible  
0% 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.