

Leidos
2021 Plan Year Benefit Summary

PLAN NAME	KAISER/Wash. D.C. Area
PRODUCT NAME	Signature HMO
Leidos SYSTEMS CODE	KSDC
GROUP NUMBER	3120
PLAN STATES	DC/MD/VA
CUSTOMER SERVICE PHONE	1-800-777-7902 or 301-468-6000
WEB ADDRESS	kp.org

Benefit	2021 Plan Year - In Network - Employee Pays
ANNUAL DEDUCTIBLE**	\$500 Individual \$1,000 Family
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDING DEDUCTIBLE)	\$3,000 Individual \$6,000 Family
LIFETIME MAXIMUM BENEFIT	Unlimited
OFFICE VISITS	\$10 copay (waived for children under 5)
LAB X-RAY DIAGNOSTICS	\$10 copay \$50 specialty imaging CT Scan / MRI
PREVENTIVE CARE	\$0 copay with HCR preventive services included
HOSPITAL CARE	
Inpatient	10%
Outpatient	10%
EMERGENCY ROOM	
In-area	
Out-of-area	10%
PRESCRIPTIONS	
Retail (Generic / Brand Form. / Brand Non-Form.)	Kaiser Pharmacy: \$10 / \$30 / \$50 Community Pharmacy: \$30 / \$50 / \$75
Mail-Order	\$20 / \$60 / \$100
MENTAL HEALTH	
Inpatient	10%
Outpatient	\$5 copay for group therapy \$10 copay for individual therapy
SUBSTANCE ABUSE	
Inpatient Detox and Rehab	10%
Outpatient	\$5 copay for group therapy \$10 copay for individual therapy
CHIROPRACTIC	\$10 copay/visit 20 visits/cont yr
DURABLE MEDICAL EQUIPMENT	10%
VISION EXAMS	\$10 copay per visit
EYEWEAR	25% discount

*Available in selected service areas. Contact Employee Services at 855-5-LEIDOS, Option 3, to determine if you reside in the plan service area.

**The family deductible is an aggregate deductible where you must satisfy entire deductible before the plan pays benefits for any member

This benefit summary has been prepared by Mercer based on documents provided by the applicable licensed insurance carrier. Please refer to the Certificate of Coverage (COC) for terms and conditions of all benefits. Benefits may require pre-certification in order to avoid a reduction in benefits or denial of coverage. The insured should contact the carrier at the phone number indicated on this summary or refer to the COC for further details prior to seeking treatment. If there is any conflict between this benefit summary and the Plan Document/Certificate, the Plan Document/Certificate governs. Contact Plan for limitations, exclusions, and additional costs.