

Leidos Benefits Summary Plan Description

Comparing the Healthy Focus Medical Plans

The chart below provides some basic information about the Leidos self-insured medical plans.

Self-Insured Medical Plans (Healthy Focus)								
	Healthy Focus Basic Plan		Healthy Focus Essential Plan		Healthy Focus Advantage Plan		Healthy Focus Premier Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Annual Deductible								
• Employee Only	\$4,000	\$8,000	\$2,000	\$4,000	\$1,400	\$2,800	\$1,400	\$2,800
• Family	\$8,000	\$16,000	\$4,000	\$8,000	\$2,800	\$5,600	\$2,800	\$5,600
Annual Out-of-Pocket (OOP) Maximum (includes deductible)								
• Employee Only	\$6,750	\$13,000	\$5,000	\$10,000	\$3,000	\$6,000	\$1,400	\$2,800
• Family	\$13,500	\$27,000	\$10,000	\$20,000	\$6,000	\$12,000	\$2,800	\$5,600
• Embedded OOP	\$8,550 individual within family	N/A	\$8,550 individual within family	N/A	N/A	N/A	N/A	N/A
Office Visits – Preventive Care	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	Covered at 100% after deductible
Office Visits – Non-Preventive Care	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible

	Healthy Focus Basic Plan		Healthy Focus Essential Plan		Healthy Focus Advantage Plan		Healthy Focus Premier Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Office Visits – Well-Child Preventive Care	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	You pay 50% after deductible	Covered at 100% (deductible does not apply)	Covered at 100% after deductible
Emergency Room	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible ***	You pay 50% after deductible	You pay 20% after deductible ***	You pay 50% after deductible	You pay 0% after deductible ***	You pay 0% after deductible
Hospital Admission	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
Lab and X-ray	You pay 50% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible	You pay 35% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible	You pay 20% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 50% after deductible	You pay 0% after deductible for non-routine lab & x-ray services provided outside the office visit	You pay 0% after deductible
Outpatient Surgery	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
Routine Mammograms (Over age 40)	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	Covered at 100% after deductible
Prostate Screening (Over age 40)	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	You pay 50% after deductible	Covered at 100%; maximum one per calendar year	Covered at 100% after deductible

	Healthy Focus Basic Plan		Healthy Focus Essential Plan		Healthy Focus Advantage Plan		Healthy Focus Premier Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Skilled Nursing Facility (maximum visits combined with Home Health Care and Private Duty Nursing)	You pay 50% after deductible for up to 60 days per confinement	You pay 50% after deductible for up to 60 days per confinement	You pay 35% after deductible for up to 60 days per confinement	You pay 50% after deductible for up to 60 days per confinement	You pay 20% after deductible for up to 60 days per confinement	You pay 50% after deductible for up to 60 days per confinement	You pay 0% after deductible for up to 60 days per confinement	You pay 0% after deductible for up to 60 days per confinement
Home Health Care (maximum visits combined with Skilled Nursing Facility and Private Duty Nursing)	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 35% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 20% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 50% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 0% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	You pay 0% after deductible for up to 100 visits per year, up to 4 hours = 1 visit
Private Duty Nursing (maximum visits combined with Skilled Nursing Facility and Home Health Care)	You pay 50% after deductible for up to 100 visits per year, up to 8 hours = 1 visit	Not covered	You pay 35% after deductible for up to 100 visits per year, up to 8 hours = 1 visit	Not Covered	You pay 20% after deductible for up to 100 visits per year, up to 8 hours = 1 visit	Not covered	You pay 0% after deductible for up to 100 visits per year, up to 4 hours = 1 visit	Not Covered
Hospice Care (up to 30 days per lifetime for inpatient and \$10,000 per lifetime)	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
Outpatient Rehabilitation – Physical and Speech Therapy (as medically necessary)	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible

	Healthy Focus Basic Plan		Healthy Focus Essential Plan		Healthy Focus Advantage Plan		Healthy Focus Premier Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Durable Medical Equipment	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
Mental Health & Substance Abuse – Outpatient	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible
Mental Health and Substance Abuse – Inpatient	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible

* Covered services received from a network provider will be paid based on the negotiated rate.

** Covered services received from an out-of-network provider will be paid based on the reasonable and customary (R&C) limit.

*** For non-emergent use of the emergency room, employee pays 50% after deductible.