Leidos
2022 Plan Year Benefit Summary

PLAN NAME	**TSSS**
PRODUCT NAME	**Preferred Provider Plan**
Leidos SYSTEMS CODE	TSSS
GROUP NUMBER	SP0007021
PLAN TERRITORY	PR
CUSTOMER SERVICE PHONE	787-774-6060
WEB ADDRESS	www.ssspr.com

Benefit	2022 Plan Year- Employee Pays
ANNUAL DEDUCTIBLE	
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDING DEDUCTIBLE)	$6,350 Individual $12,700 Family
LIFETIME MAXIMUM BENEFIT	Unlimited
OFFICE VISITS	$10 General Practicioner $20 Specialist
LAB X-RAY DIAGNOSTICS	25%
PREVENTIVE CARE	Covered 100%
HOSPITAL CARE	
Inpatient	$125 copay
Ambulartory Surgery	$125 copay
EMERGENCY CARE	
Accident	$0 copay
Illness	$65 copay
Recommended by Teleconsult	$25 copay
Urgent Care	$35 illness / $0 accident
PRESCRIPTIONS	
Retail	Preferred Generic: $10 copay Non-preferred Generic: $10 copay Preferred Brand: 25% minumum $15 Non-preferred Brand: 25% minimum $16 Preferred Specialized Medication: 30% Non-preferred Specialized Medication: 30% Oral Chemotherapy: 10%
Mail-Order	Preferred Generic: $20 copay Non-preferred Generic: $20 copay Preferred Brand: 20% minimum $40 Non-preferred Brand: 20% minimum $40
MENTAL HEALTH	
Inpatient	Hospital and Facility Services: $125 copay Physician Services: $20 copay Contact plan for specifics
Outpatient	Hospital and Facility Services: $125 copay Physician Services: $20 copay Contact plan for specifics
SUBSTANCE ABUSE	
Inpatient Detox and Rehab	Hospital and Facility Services: $125 copay Physician Services: $20 copay Contact plan for specifics
Outpatient	Hospital and Facility Services: $125 copay Physician Services: $20 copay Contact plan for specifics
CHIROPRACTIC	$7 copay
DURABLE MEDICAL EQUIPMENT	25%
VISION EXAMS	25%
EYEWEAR	Eyeglasses or contact lenses up to $100 per policy year

This plan is only available in selected service areas. Contact the Leidos Employee Services at 855-5-LEIDOS Option 3, to determine if you reside in the plan service area.

***Out-of-Network benefits based on Usual, Reasonable, and Customary (URC) charges for the specific service in that geographic region.**

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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.