

**LEIDOS**  
**2023 Plan Year Benefit Summary**

|                        |                                    |
|------------------------|------------------------------------|
| PLAN NAME              | <b>Healthy Focus Basic Plan</b>    |
| PRODUCT NAME           | <b>Aetna Choice POS II Network</b> |
| PLAN STATES            | All 50 States                      |
| CUSTOMER SERVICE PHONE | 1-800-843-9126                     |
| WEB ADDRESS            | www.aetna.com                      |

| Benefit  | In Network - Employee Pays   | Out of Network*** - Employee Pays  |
|--|--|--|
| <b>HSA*</b>  | Employees may elect to contribute funds up to annual maximum. No employer contribution provided.   |  |
| <b>HEALTHCARE FSA</b>                                      | Only eligible for limited purpose FSA  |  |
| <b>ANNUAL DEDUCTIBLE**</b>                                 | \$4,000 Individual<br>\$8,000 Family**   | \$8,000 Individual<br>\$16,000 Family**  |
| <b>(Integrated Deductible &amp; OPM)</b>                   | \$8,000 Individual w/in Family deductible<br>Not combined with Out of Network  | \$16,000 Individual w/in Family deductible<br>Not combined with In Network   |
| <b>ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDING DEDUCTIBLE)</b> | \$6,750 Individual<br>\$13,500 Family  | \$13,000 Individual<br>\$27,000 Family   |
| <b>(Integrated Deductible &amp; OPM)</b>                   | \$8,550 Individual w/in Family<br>Plan pays 100% of eligible expenses after this amount has been satisfied.<br>Not combined with Out of Network                                | \$27,000 Individual w/in Family<br>Plan pays 100% of eligible expenses after this amount has been satisfied.<br>Not combined with In Network |
| <b>LIFETIME MAXIMUM BENEFIT</b>                            | Unlimited  |  |
| <b>OFFICE VISITS</b>                                       | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible   | 50% after deductible   |
| <b>LAB X-RAY DIAGNOSTICS</b>                               | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible   | 50% after deductible   |
| <b>PREVENTIVE CARE</b>                                     | 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.                                  |
| <b>HOSPITAL CARE</b>                                       |  |  |
| <b>Inpatient</b>   | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible   | 50% after deductible   |
| <b>Outpatient</b>  | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible   | 50% after deductible   |
| <b>EMERGENCY CARE</b>                                      |  |  |
| <b>In-area</b>   | Innovation Health Facility: 50% after deductible<br>Choice POS II Facility: 50% after deductible   | 50% after deductible.  |
| <b>Out-of-area</b>   | 50% after deductible   | 50% after deductible.  |
| <b>PRESCRIPTIONS</b>                                       |  |  |
| <b>Retail</b>  | After deductible, 50% generics, 50% brand and 50% non-formulary brand. Certain preventive drugs not subject to deductible.****   | Not covered  |
| <b>Mail-Order</b>  | After deductible, 50% generics, 50% brand and 50% non-formulary brand. Certain preventive drugs not subject to deductible.****   | Not covered  |
| <b>MENTAL HEALTH</b>                                       |  |  |
| <b>Inpatient</b>   | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible   | 50% after deductible   |
| <b>Outpatient</b>  | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible   | 50% after deductible   |
| <b>SUBSTANCE ABUSE</b>                                     |  |  |
| <b>Inpatient Detox and Rehab</b>                           | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible   | 50% after deductible   |
| <b>Outpatient</b>  | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible   | 50% after deductible   |
| <b>CHIROPRACTIC</b>  | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible<br>Covered if medically necessary   | 50% after deductible if medically necessary  |
| <b>DURABLE MEDICAL EQUIPMENT</b>                           | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible   | 50% after deductible   |
| <b>HEARING AIDS</b>  | Innovation Health Facility: 40% after deductible<br>Choice POS II facility: 50% after deductible<br>\$2,500 per pair every three years   | 50% after deductible<br>\$2,500 per pair every three years   |
| <b>VISION EXAMS</b>  | Not covered  |  |
| <b>EYEWEAR</b>   | 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)

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.