Science Applications International Corporation (SAIC) 2014 Plan Year Benefit Summary Healthy Focus Advantage Plan

Provider: Anthem

Product Name: Blue Card PPO Network

SAIC Systems Code MDBC

Plan States Nationwide

Customer Service Phone 1-866-403-6183 in 2013; 1-855-567-4698 in 2014

 Web Address
 www.anthem.com/saic/

 Active Group #
 174147M1A1; 174147M3A1

 COBRA Group #
 174147M1C1; 174147M3C1

Employees may elect to contribute additional funds up to annual maximum Annual Deductible S1,250 Employee S2,500 Family Annual Out-of-Pocket Maximum (includes deductible, coinsurance and copayments) Annual Out-of-Pocket Maximum (includes 56,000 Family Plan pays 100% after this amount is satisfied. Not combined with fun-Network S3,000 Employee S8,000 Family Plan pays 100% after this amount is satisfied. Not combined with fun-Network S0,000 Employee S8,000 Employee S8,000 Employee S8,000 Family Plan pays 100% after this amount is satisfied. Not combined with fun-Network Unlimited 50% after deductible S0% after deductible S0% after deductible Innatien: 80% after deductible S0% after deductible S0% after deductible Unlimited S0% after deductible Not covered deductible Not covered Mot Covered Mot Covered Not covered Mot Covered Not covered Not covered Mot Covered Not covered Not covered Not covered	BENEFIT	IN-NETWORK	OUT-OF-NETWORK ³
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Outpatient 80% after deductible 50% after deductible Chiropractic 80% after deductible, if medically necessary 50% after deductible, if medically necessary Durable Medical Equipment 80% after deductible 50% after deductible	Mental Health & Substance Abuse		
Chiropractic 80% after deductible, if medically necessary 50% after deductible, if medically necessary Durable Medical Equipment 80% after deductible 50% after deductible	Inpatient	80% after deductible	50% after deductible
Durable Medical Equipment 80% after deductible 50% after deductible	Outpatient	80% after deductible	50% after deductible
	Chiropractic	80% after deductible, if medically necessary	50% after deductible, if medically necessary
Vision Exams/Eyewear Not Covered Not Covered	Durable Medical Equipment	80% after deductible	50% after deductible
	Vision Exams/Eyewear	Not Covered	Not Covered

¹ APO/FPO addresses are not eligible for HSA plan set-up. A physical U.S. address must be provided.

Information contained in this 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.

² The family deductible is an aggregate deductible where the family must satisfy entire deductible before the plan pays benefits for any member.

³Out-of-Network benefits are based on Usual, Reasonable, and Customary (URC) charges for a specific service in a geographic region.

⁴ Prescription drugs administered by Express Scripts (ESI), formerly Medco