

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

Provider:	Anthem
Product Name:	Blue Card PPO Network
SAIC Systems Code	MDBCE
Plan States	Nationwide ¹
Customer Service Phone	1-866-403-6183 in 2013; 1-855-567-4698 in 2014
Web Address	www.anthem.com/saic/
Active Group #	174147M2A1; 174147M4A1
COBRA Group #	174147M2C1; 174147M4C1

BENEFIT	IN-NETWORK	OUT-OF-NETWORK ³
SAIC's contribution to HSA:	No SAIC contribution. Employees can elect to contribute to HSA up to annual maximum	
Health Care FSA	Only eligible for limited purpose FSA	
Annual Deductible	\$2,000 Employee \$4,000 Family ² Not combined with Out-of-Network	\$2,000 Employee \$4,000 Family ² Not combined with In-Network
Annual Out-of-Pocket Maximum (includes deductible, coinsurance and copayments)	\$6,000 Employee \$12,000 Family Plan pays 100% after this amount is satisfied Not combined with Out-of-Network.	\$6,000 Employee \$12,000 Family Plan pays 100% after this amount is satisfied Not combined with In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Office Visits	65% after deductible	50% after deductible
Lab/X-Ray Diagnostics	65% after deductible	50% after deductible
Preventive Care (Periodic Health Assessments)	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.
Hospital Care:		
Inpatient:	65% after deductible	50% after deductible
Outpatient:	65% after deductible	50% after deductible
Emergency Care:		
In-Area	65% after deductible. For non-emergent use of the emergency room, plan pays 50% after deductible	65% after deductible. For non-emergent use of the emergency room, plan pays 50% after deductible
Out-of-Area	65% after deductible. For non-emergent use of the emergency room, plan pays 50% after deductible	65% after deductible. For non-emergent use of the emergency room, plan pays 50% after deductible
Prescription Drug Copays after deductible: ⁴		
Retail (Certain preventive drugs not subject to deductible)	Generic: \$5 Formulary Brand: 30% Non-Formulary Brand: 50%	Not covered
Mail-Order (Certain preventive drugs not subject to deductible)	Generic: \$5 Formulary Brand: 30% Non-Formulary Brand: 50%	Not covered
Mental Health & Substance Abuse		
Inpatient	65% after deductible	50% after deductible
Outpatient	65% after deductible	50% after deductible
Chiropractic	65% after deductible, if medically necessary	50% after deductible, if medically necessary
Durable Medical Equipment	65% 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.

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

³ Out-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

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.