

**Leidos
2019 Plan Year
Benefit Verification**

PROVIDER: Leidos Dental Plan Administered by Delta Dental of Virginia
MEMBER SERVICES PHONE #: 800.237.6060
PLAN WEBSITE ADDRESS: <https://www.leidos.com/benefitspd/>
AVAILABILITY: Nationwide
CHOICE OF DENTIST: Any dentist. Utilizing in-network dentist results in higher benefit levels

Benefit Attribute	2019 Plan Year - In-Network - Employee Pays	2019 Plan Year - Out of Network - Employee Pays
DEDUCTIBLE AND MAXIMUM AMOUNTS:		
Deductible per calendar year		\$50
Annual Maximum Benefit		\$1,500
PREVENTIVE SERVICES		
Oral Exam (twice per calendar year)	Covered 100% Not subject to deductible	Covered 100% of R&C Not subject to deductible
Teeth Cleaning (Prophylaxis/Treatment, to include Scaling and Polishing) (twice per year)	Covered 100% Not subject to deductible	Covered 100% of R&C Not subject to deductible
Topical Fluoride	Under age 19; Twice per calendar year	
Bitewing X-rays	Twice per calendar year	
Full Mouth X-rays	Once every 60 months	
DIAGNOSTIC SERVICES		
Diagnostic X-rays	Covered 100% Not subject to deductible	Covered 100% of R&C Not subject to deductible
Single Film	Covered 100% Not subject to deductible	Covered 100% of R&C Not subject to deductible
Each Additional Film	Covered 100% Not subject to deductible	Covered 100% of R&C Not subject to deductible
Fissure Sealant - per Tooth, Under Age 16, Once every 3 years	Covered 100% Not subject to deductible	Covered 100% of R&C Not subject to deductible

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ORAL SURGERY		
Simple Extraction	10%	20% of R&C
Surgical Extraction	10%	20% of R&C
Impactions	10%	20% of R&C
General Anesthesia (only provided for surgical extractions)	10%	20% of R&C
RESTORATIVE		
Amalgam Restoration of Primary Teeth	10%	20% of R&C
Permanent Teeth	10%	20% of R&C
Composite Restoration	10%	20% of R&C
ENDODONTICS		
Root Canal Therapy	10%	20% of R&C
Pulp Capping	10%	20% of R&C
Pulpotomy	10%	20% of R&C
Apicoectomy and Retro Fill	10%	20% of R&C
Apicoectomy and Retro Fill on Separate Appointment	10%	20% of R&C
PERIODONTICS		
Subgingival Curettage (per quadrant)	10%	20% of R&C
Gingivectomy (per quadrant)	10%	20% of R&C
CROWNS AND BRIDGES		
Crowns - per unit	40%	50% of R&C
Bridges (pontics) - per unit	40%	50% of R&C
Stainless Steel Crowns	40%	50% of R&C
Recementation		
Inlay	10%	20% of R&C
Crown	40%	50% of R&C
Bridge	40%	50% of R&C

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PROSTHETICS - DENTURES		
Complete Upper or Lower Denture	40%	50% of R&C
Partial Upper or Lower Denture	40%	50% of R&C
Denture and Partial Adjustments	40%	50% of R&C
Denture Reline	10%	20% of R&C
Denture Duplication	40%	50% of R&C
Denture and Partial Repairs	10%	20% of R&C
Adding Teeth or Clasps to Partial Denture - per unit	10%	20% of R&C
ORTHODONTIA		
Full Banded Case	50% up to \$1,500 lifetime maximum *Annual deductible applies; includes invisible braces	
Partial Banded Case	50% up to \$1,500 lifetime maximum	

Contact dental plan on coverage availability for dental work already in progress.