LEIDOS
2027 Plan Year Benefit Summary

This is a summary only. Please refer to the Certificate of Coverage for a complete listing of covered and excluded services.

PROVIDER:	**Aetna DMO - Plan 58**
GROUP NUMBER:	698685
MEMBER SERVICES PHONE #:	1-877-238-6200
PLAN WEBSITE ADDRESS:	www.aetna.com
AVAILABILITY - Certain zip codes within the following states will be eligible:	AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, MA, MD, MI, MN, MO, NC, NE, NJ, NM, NV, NY, OH, OK, OR, PA, RI, TN, TX, UT, VA, WA, WI, WV
CHOICE OF DENTIST:	Select a Dentist from a list of participating dentists in your area

Benefit	Employee Pays
DEDUCTIBLE AND MAXIMUM AMOUNTS:	
Deductible per calendar year	None
Annual Maximum Benefit	None
PREVENTIVE SERVICES	
Oral Exam	Covered at 100%
Teeth Cleaning (Prophylaxis/Treatment, to include Scaling and Polishing)	Covered at 100%. Limit 2 per calendar year
Topical Fluoride	Covered at 100%
Bitewing X-rays	Covered at 100%
Full Mouth X-rays	Covered at 100%
DIAGNOSTIC SERVICES	
Oral Exam	Covered at 100%
Diagnostic X-rays	Covered at 100%
Single Film	Covered at 100%
Each Additional Film	Covered at 100%
Fissure Sealant - per Tooth	$5 copay (under age 16)

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ORAL SURGERY	
Simple Extraction	Extraction, erupted tooth, exposed root: Covered at 100%
Surgical Extraction	$28 copay
Impactions	$46 soft tissue, $58 partially bony, or $100 completely bony copay
General Anesthesia (only provided for surgical extractions)	Deep sedation/general anesthesia (first 15 min.): $104 copay. $83 copay for each additional 15 minutes
RESTORATIVE	
Amalgam Restoration of Primary Teeth	Covered at 100%
Permanent Teeth	Covered at 100%
Composite Restoration	$0-$50 copay depending on type. Contact Plan for specifics
ENDODONTICS	
Root Canal Therapy	Anterior: $70 copay. Bicuspid: $85 copay. Molar: $240 copay
Pulp Capping	Covered at 100%
Pulpotomy	$14 copay
Apicoectomy and Retro Fill	Anterior: $85 copay. Bicuspid (1st root): $85 copay. Molar (1st root): $90 copay. Each additional root: $55 copay
Apicoectomy and Retro Fill on Separate Appointment	$40 copay per root
PERIODONTICS	
Subgingival Curettage (Scaling or Root Planing) (per quadrant)	$55 copay
Gingivectomy (per quadrant)	$100 copay. Limit 1 per quadrant every 3 years

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CROWNS AND BRIDGES	
Crowns - per unit	$176-$220 copay depending on type. Contact Plan for specifics
Bridges (pontics) - per unit	$210 copay
Stainless Steel Crowns	$35-$50 copay
Recementation	
Inlay	$10 copay
Crown	$10 copay
Bridge	$15 copay
PROSTHETICS - DENTURES	
Complete Upper or Lower Denture	$275 copay
Partial Upper or Lower Denture	$275 - $350 copay
Denture and Partial Adjustments	$10 copay
Denture Reline	$45 copay (chairside). $85 copay (laboratory)
Denture Duplication	Not covered
Denture and Partial Repairs	$20-$86 copay
Adding Teeth or Clasps to Partial Denture - per unit	$35-$40 copay
ORTHODONTIA	
Full Banded Case	$1,545 child/adult plus $30 orthodontic screening exam, $150 diagnostic records and $275 retention fee
Partial Banded Case	Not covered

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