

**Leidos  
2019 Plan Year  
Benefit Verification**

Benefit Attribute	2019 Plan Year
-------------------	----------------

**Please refer to the Certificate of Coverage for complete details on covered services**

<b>PROVIDER:</b>	<b>CIGNA Dental - Plan F510X</b>
<b>GROUP NUMBER:</b>	3174168
<b>MEMBER SERVICES PHONE #:</b>	1-800-244-6224
<b>PLAN WEBSITE ADDRESS:</b>	www.cigna.com
<b>AVAILABILITY - Certain zip codes within the following states will be eligible:</b>	AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, IL, IN, KS, KY, LA, MA, MD, MI, MO, MS, NC, NE, NJ, NV, NY, OH, OK, OR, PA, SC, TN, TX, UT, VA, WI
<b>CHOICE OF DENTIST:</b>	Select a Dentist from a list of participating dentists in your area
<b>AMOUNT: EMPLOYEE PAYS</b>	
<b>DEDUCTIBLE AND MAXIMUM AMOUNTS:</b>	
Deductible per calendar year	None
Annual Maximum Benefit	None
<b>PREVENTIVE SERVICES</b>	
Oral Exam	Covered at 100%
Teeth Cleaning (Prophylaxis/Treatment, to include Scaling and Polishing)	Covered at 100%. Limit 2 per calendar year (routine cleaning with no active periodontal disease; age/frequency)
Topical Fluoride	Covered at 100% (Limit 2 per calendar year)
Bitewing X-rays	Limit 1 every three years
Full Mouth X-rays	Limit 1 every three years
<b>DIAGNOSTIC SERVICES</b>	
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	\$10 copay
<b>ORAL SURGERY</b>	
Simple Extraction	\$5 copay
Surgical Extraction	\$30 copay

**Leidos  
2019 Plan Year  
Benefit Verification**

<b>Benefit Attribute</b>	<b>2019 Plan Year</b>
General Anesthesia (only provided for surgical extractions)	When medically necessary. \$160 copay (first 30 minutes), \$75 copay (each additional 15 minutes)
<b>RESTORATIVE</b>	
Amalgam Restoration of Primary Teeth	Covered at 100%
Permanent Teeth	Covered at 100%
Composite Restoration	\$0-\$85 copay
<b>ENDODONTICS</b>	
Root Canal Therapy	\$0-\$280 copay (by Tooth type)
Pulp Capping	\$0 copay
Pulpotomy	\$10 copay
Apicoectomy and Retro Fill	\$60-\$95 copay
Apicoectomy and Retro Fill on Separate Appointment	\$60-\$95 per root
<b>PERIODONTICS</b>	
Gingivectomy (per quadrant)	\$80-\$130 copay
<b>CROWNS AND BRIDGES</b>	
Crowns - per unit	\$185-\$225 copay
Bridges (pontics) - per unit	\$185 copay
Recementation	
Inlay	Covered 100%
Crown	Covered 100%
<b>PROSTHETICS - DENTURES</b>	
Complete Upper or Lower Denture	\$150 copay
Partial Upper or Lower Denture	\$150 copay
Denture and Partial Adjustments	\$10 copay
Denture Reline	\$35 copay (chairside)
Denture and Partial Repairs	\$30 copay
Adding Teeth or Clasps to Partial Denture - per unit	\$30 - \$35 copay
<b>ORTHODONTIA</b>	
Full Banded Case	\$1,340 (child) copay - \$1,940 (adult) copay plus \$275 retention. \$125 pre-orthodontic treatment visit. \$270 orthodontic treatment plan and records. Banding: \$400 (child and adults)

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