

Leidos Benefits Summary Plan Description

Comparing the Dental Plans

The chart below provides an overview of covered dental services in the [Leidos Dental PPO Plan](#) and the [DHMOs](#). For a complete list of DHMO benefits, a participant should refer to the plan's certificate of coverage.

Dental Benefits				
	Leidos DENTAL PPO PLAN (Administered by Delta Dental)	AETNA DMO Plan 58	CIGNA DENTAL F510X	CIGNA INTERNATIONAL DENTAL
Group Number:	700273	698685-51	3174168	0666A
Member Services Phone #:	800-237-6060	877-238-6200	800-244-6224	800-441-2668 or 302-797-3100 (collect)
Plan Web Site Address:	Delta Dental (www.DeltaDentalVA.com)	Aetna (www.aetna.com)	CIGNA (www.cigna.com)	CIGNA International Expatriates (www.cignaenvoy.com)
Availability:	Nationwide	Nationwide except for Alabama, Alaska, Arkansas, Louisiana, Maine, Mississippi, New Hampshire, North Dakota, South Carolina, South Dakota Vermont and Wyoming. Service area based on dental plan's zip code eligibility criteria.	Nationwide except for Alaska, Hawaii, Maine, North Dakota, New Mexico, South Dakota, and Wyoming. Service area based on dental plan's zip code eligibility criteria.	Available for participants on International Assignments of 6 months or more
Choice of Dentist:	Any dentist. Using a PPO dentist results in higher benefit levels.	Select a dentist from a list of participating dentists in your area.	Select a dentist from a list of participating dentists in your area.	Any Dentist – Online directory available to search for Dentists in 450+ countries.

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COVERED SERVICES	NETWORK*	OUT-OF-NETWORK**			
Annual deductible	\$50 per person		No deductible	No deductible	\$25 per person/ \$75 per family
Annual maximum benefit	\$1,500 per person		No maximum	No maximum	\$1,500 per person
Preventive Services***	Plan pays:		Plan pays 100% after		
<u>Periodic oral examination</u>	100% Not subject to deductible (2 per participant per calendar year)	100% of R&C Not subject to deductible (2 per participant per calendar year)	\$0 copay	\$0 copay	\$0 copay (2 per participant per calendar year)
<u>Prophylaxis/Cleanings, Adult/Child including scaling and polishing</u> (2 per year)	100% of R&C (2 per participant per calendar year)	100% of R&C (2 per participant per calendar year)	\$0 copay (Limit 2 per calendar year)	\$0 copay (Limit 2 per participant per calendar year; routine cleaning with no active periodontal disease; age frequency)	\$0 copay (2 per participant per calendar year)
<u>X-rays — Complete series</u>	100% (1 per participant every 3 years)	100% of R&C (1 per participant every 3 years)	\$0 copay	\$0 copay (1 per participant every 3 years)	\$0 copay (1 per participant every 3 years)
<u>X-rays — One Set Bitewings</u>	100% (2 per participant per calendar year)	100% of R&C (2 per participant per calendar year)	\$0 copay	\$0 copay (no limitation)	\$0 copay (2 per participant per calendar year)
<u>Topical application of sodium or stannous fluoride</u>	100% (ages 18 and younger; 1 per participant per calendar year)	100% of R&C (ages 18 and younger; 1 per participant per calendar year)	\$0 copay	\$0 copay (Limit 2 per calendar year)	\$0 copay (To age 18, 1 per participant per calendar year)

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Diagnostic Services	Plan pays:		Plan pays 100% after:		
<u>Diagnostic X-rays</u>	90%	80% of R&C	\$0 copay	\$0 copay	\$0 copay
<u>Single Film</u>	90%	80% of R&C	\$0 copay	\$0 copay	\$0 copay
<u>Fissure Sealant, per tooth</u>	90% (ages 13 and younger; once every 3 calendar years)	80% of R&C (ages 13 and younger; once every 3 calendar years)	\$5 copay (up to age 16)	\$10 copay	\$0 copay (1 per tooth every 3 years)
Oral Surgery					
<u>Simple Extraction</u>	90%	80% of R&C	\$0 copay (Extraction, erupted, exposed root)	\$5 copay	Plan pays 80%
<u>Surgical Extraction</u>	90%	80% of R&C	\$28 copay	\$30 copay	Plan pays 80%
<u>Impactions</u>	90%	80% of R&C	\$46 soft tissue; \$58 partially; \$100 completely	\$15-\$100 copay	Plan pays 80%
<u>General Anesthesia (only for Surgical Extractions)</u>	90%	80% of R&C	General Anesthesia (deep sedation) or Conscious IV Sedation (first 15 min): \$104 copay; \$83 copay for each additional 15 min	When medically necessary \$160 copay (first 30 min); \$75 copay (each	Plan pays 80% when determined to be medically necessary

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Fillings					
<u>Amalgam Restoration of Primary Teeth/Permanent Teeth</u>	90%	80% of R&C	\$0 copay	\$0 copay	Plan pays 80%
<u>Composite Restoration</u>	90%	80% of R&C	\$0-\$50 copay depending on type	\$0-\$85 copay	Plan pays 80%
Endodontics					
<u>Root Canal Therapy</u>	90%	80% of R&C	Anterior: \$70 copay; Bicuspid: \$85 copay; Molar: \$240 copay	\$0 - \$280 copay (varies by tooth type)	Plan pays 80%
<u>Pulpotomy</u>	90%	80% of R&C	\$14 copay	\$10 copay	Plan pays 80%
<u>Apicoectomy and Retro Fill</u>	90%	80% of R&C	Anterior: \$85 copay; Bicuspid (1 root): \$85 copay; Molar (1 st root): \$90 copay; each additional root \$55 copay	\$60 - \$95 copay	Plan pays 80%
Periodontics					
<u>Periodontal Planning and Root Scaling</u>	90%	80% of R&C	\$55 copay	\$80 - \$165 copay	Plan pays 80%
<u>Gingivectomy (per quadrant)</u>	90%	80% of R&C	\$100 copay (Limit 1 per quadrant every 3 years)	\$80 - \$130 copay per quadrant	Plan pays 80%

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Restorative Services	Plan pays:		Plan pays 100% after:		
<u>Crowns – per unit</u>	60%	50% of R&C	\$176 - \$220 copay depending on type	\$185 - \$225 copay	Plan pays 50%
<u>Bridges – per unit</u>	60%	50% of R&C	\$210 copay per unit	\$185 copay	Plan pays 50%
<u>Stainless Steel Crowns</u>	90%	80% of R&C	\$35-\$50 copay	\$185 - \$225 copay	Plan pays 50%
Recementation	Plan pays:		Plan pays 100% after:		
<u>Inlay</u>	90%	80% of R&C	\$10 copay	\$12 copay	Plan pays 50%
<u>Crown</u>	60%	50% of R&C	\$10 copay	\$12 copay	Plan pays 50%
<u>Bridge</u>	60%	50% of R&C	\$15 copay	\$12 copay	Plan pays 50%
Prosthetics (Dentures)	Plan pays:		Plan pays 100% after:		
<u>Complete Upper or Lower Denture</u>	60%	50% of R&C	\$275 copay	\$150 copay	Plan pays 50% (1 per participant every 5 years)
<u>Partial Upper or Lower Denture</u>	60%	50% of R&C	\$275 copay	\$150 copay	Plan pays 50%
<u>Denture and Partial Adjustment</u>	60%	50% of R&C	\$10 copay	\$10 copay	Plan pays 50%
<u>Denture Reline</u>	90%	80% of R&C	\$45 copay (chair side) \$85 copay (laboratory)	\$35 copay (chairside)	Plan pays 50%
<u>Denture Duplication</u>	60%	50% of R&C	Not covered	Not covered	Not covered
<u>Denture and Partial Repairs</u>	90%	80% of R&C	\$20 - \$86 copay	\$30 copay	Plan pays 80%

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Prosthetics (Dentures) continued	Plan pays:		Plan pays 100% after:		
<u>Adding Teeth or Clasps to Partial Denture – per unit</u>	90%	80% of R&C	\$35 - \$40 copay	\$30 - \$35 copay	Plan pays 80%
Orthodontia	Plan pays:		Plan pays 100% after:		
<u>Full Banded Case</u>	50% up to a separate \$1,500 lifetime maximum per participant: annual deductible applies; includes invisible braces	50% up to a separate \$1,500 lifetime maximum per participant ; annual deductible applies; includes invisible braces	\$1,545 copay, plus \$30 orthodontic screening exam; \$150 diagnostic records; \$275 retention fee. Other fees may apply per Aetna’s Dental Care Schedule	\$1,340 (child) to \$1,940 (adult) copay, plus \$275 retention fee; \$125 per-orthodontic treatment visit; \$270 orthodontic treatment plan & records; \$400 (child and adult); Other fees may apply per CIGNA’s patient charge scheduled.	50% after separate \$50 lifetime deductible; \$1,500 lifetime maximum; includes invisible braces
<u>Partial banded case</u>	50% up to a separate \$1,500 lifetime maximum per participant	50% up to a separate \$1,500 lifetime maximum per participant	Not covered	Varies	50% after separate \$50 lifetime deductible; \$1,500 lifetime maximum; includes invisible braces
Annual maximum benefit	\$1,500 per person		No maximum	No maximum	N/A

* Covered services received from a network provider will be paid based on the negotiated rate.

** Covered services received from an out-of-network provider will be paid based on the reasonable and customary (R&C) limit.

*** Preventive services are not subject to the annual deductible.

**** Participants are advised to refer to the Evidence of Coverage, contact the individual dental plan carrier and obtain a predetermination of benefits for services in excess of \$150.