

**Leidos  
2020 Plan Year  
Benefit Verification**

**Benefit Attribute**

**2020 Plan Year**

**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, MT, 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

**AMOUNT: 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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<b>CROWNS AND BRIDGES</b>		
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
<b>PROSTHETICS - DENTURES</b>		
Complete Upper or Lower Denture		\$275 copay
Partial Upper or Lower Denture		\$275 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
<b>ORTHODONTIA</b>		
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.**

**Note for Aetna DMO Plan:** All charges for crown and bridge are per unit. There will be an additional patient charge for the actual cost for gold/high noble metal for some procedures. Prosthetics/Dentures: Benefits include relines, adjustments, rebases with