

**Leidos  
2020 Plan Year  
Benefit Verification**

Benefit Attribute	2020 Plan Year - Employee Pays
<b>Please refer to the Certificate of Coverage for complete details on covered services</b>	
<b>PROVIDER:</b>	<b>CIGNA International Dental</b>
<b>GROUP NUMBER:</b>	0666A
<b>MEMBER SERVICES PHONE #:</b>	1-800-441-2668 or 302-797-3100- collect
<b>PLAN WEBSITE ADDRESS:</b>	www.cignaenvoy.com
<b>AVAILABILITY:</b>	For Expatriate Employees
<b>CHOICE OF DENTIST:</b>	Any Dentist- Online directory available to search for Dentists in +450 countries.
<b>DEDUCTIBLE AND MAXIMUM AMOUNTS:</b>	
Deductible per calendar year	\$25 per person / \$75 per family
Annual Maximum Benefit	Excludes Class I Preventive and Class IV Orthodontic \$1,500
<b>PREVENTIVE SERVICES</b>	
Oral Exam	Covered at 100%. Limit 2 per calendar year
Teeth Cleaning (Prophylaxis/Treatment, to include Scaling and Polishing)	Covered at 100%. Limit 2 per calendar year
Topical Fluoride	Covered at 100% age 18 and under. Limit one treatment per calendar year
Bitewing X-rays	Covered at 100%. No more than 2 charges per calendar year
Full Mouth X-rays	Covered at 100%. Limit once every 3 calendar 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	Covered at 100%. Limit one treatment per tooth every 3 calendar years

**Leidos  
2020 Plan Year  
Benefit Verification**

<b>Benefit Attribute</b>	<b>2020 Plan Year - Employee Pays</b>
<b>ORAL SURGERY</b>	
Simple Extraction	20%
Surgical Extraction	20%
Impactions	20%
General Anesthesia (only provided for surgical extractions)	20% When determined to be medically necessary
<b>RESTORATIVE</b>	
Amalgam Restoration of Primary Teeth	20%
Permanent Teeth	20%
Composite Restoration	20%
<b>ENDODONTICS</b>	
Root Canal Therapy	20%
Pulp Capping	20%
Pulpotomy	20%
Apicoectomy and Retro Fill	20%
Apicoectomy and Retro Fill on Separate Appointment	20%
<b>PERIODONTICS</b>	
Subgingival Curettage (per quadrant)	20%
Gingivectomy (per quadrant)	20%
<b>CROWNS AND BRIDGES</b>	
Crowns - per unit	50%
Bridges (pontics) - per unit	50%
Stainless Steel Crowns	50%
Recementation	50%
Inlay	50%
Crown	50%
Bridge	50%

**Leidos  
2020 Plan Year  
Benefit Verification**

Benefit Attribute	2020 Plan Year - Employee Pays
<b>PROSTHETICS - DENTURES</b>	
Complete Upper or Lower Denture	50% every 5 calendar years
Partial Upper or Lower Denture	50%
Denture and Partial Adjustments	50%
Denture Reline	50%
Denture Duplication	Not Covered
Denture and Partial Repairs	20%
Adding Teeth or Clasps to Partial Denture - per unit	20%
<b>ORTHODONTIA</b>	
Full Banded Case	50% after separate \$50 lifetime deductible. \$1,500 lifetime maximum
Partial Banded Case	*includes invisible braces 50% after separate \$50 lifetime deductible. \$1,500 lifetime maximum
	*includes invisible braces

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