

**Leidos  
2020 Plan Year  
Benefit Verification**

**PLAN NAME:** High DPPO

**PROVIDER:** Leidos Dental Plan Administered by Delta Dental of Virginia

**MEMBER SERVICES PHONE #:** 800.237.6060

**PLAN WEBSITE ADDRESS:** <https://www.leidos.com/benefitspd/>

**AVAILABILITY:** Nationwide

**CHOICE OF DENTIST:** Any dentist. Utilizing in-network dentist results in higher benefit levels

Benefit Attribute	2020 Plan Year - In-Network - Employee Pays	2020 Plan Year - Out of Network - Employee Pays
<b>DEDUCTIBLE AND MAXIMUM AMOUNTS:</b>		
Deductible per calendar year		\$50
Annual Maximum Benefit		\$1,500
<b>PREVENTIVE SERVICES</b>		
Oral Exam (twice per calendar year)	Covered 100% Not subject to deductible	Covered 100% of non-par allowance Not subject to deductible
Teeth Cleaning (Prophylaxis/Treatment, to include Scaling and Polishing) (twice per year)	Covered 100% Not subject to deductible	Covered 100% of non-par allowance Not subject to deductible
Topical Fluoride	Under age 19; Twice per calendar year	
Bitewing X-rays	Twice per calendar year	
Full Mouth X-rays	Once every 60 months	
<b>DIAGNOSTIC SERVICES</b>		
Diagnostic X-rays	Covered 100% Not subject to deductible	Covered 100% of non-par allowance Not subject to deductible
Single Film	Covered 100% Not subject to deductible	Covered 100% of non-par allowance Not subject to deductible
Each Additional Film	Covered 100% Not subject to deductible	Covered 100% of non-par allowance Not subject to deductible
Fissure Sealant - per Tooth, Under Age 16, Once every 3 years	Covered 100% Not subject to deductible	Covered 100% of non-par allowance Not subject to deductible
<b>ORAL SURGERY</b>		
Simple Extraction	10%	20% of non-par allowance
Surgical Extraction	10%	20% of non-par allowance
Impactions	10%	20% of non-par allowance
General Anesthesia (only provided for surgical extractions)	10%	20% of non-par allowance
<b>RESTORATIVE</b>		
Amalgam Restoration of Primary Teeth	10%	20% of non-par allowance
Permanent Teeth	10%	20% of non-par allowance
Composite Restoration	10%	20% of non-par allowance

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<b>ENDODONTICS</b>		
Root Canal Therapy	10%	20% of non-par allowance
Pulp Capping	10%	20% of non-par allowance
Pulpotomy	10%	20% of non-par allowance
Apicoectomy and Retro Fill	10%	20% of non-par allowance
Apicoectomy and Retro Fill on Separate Appointment	10%	20% of non-par allowance
<b>PERIODONTICS</b>		
Subgingival Curettage (per quadrant)	10%	20% of non-par allowance
Gingivectomy (per quadrant)	10%	20% of non-par allowance
<b>CROWNS AND BRIDGES</b>		
Crowns - per unit	40%	50% of non-par allowance
Bridges (pontics) - per unit	40%	50% of non-par allowance
Stainless Steel Crowns	10%	20% of non-par allowance
Recementation		
Inlay	10%	20% of non-par allowance
Crown	40%	50% of non-par allowance
Bridge	40%	50% of non-par allowance
<b>PROSTHETICS - DENTURES</b>		
Complete Upper or Lower Denture	40%	50% of non-par allowance
Partial Upper or Lower Denture	40%	50% of non-par allowance
Denture and Partial Adjustments	40%	50% of non-par allowance
Denture Reline	40%	50% of non-par allowance
Denture Duplication	40%	50% of non-par allowance
Denture and Partial Repairs	10%	20% of non-par allowance
Adding Teeth or Clasps to Partial Denture - per unit	10%	20% of non-par allowance
<b>ORTHODONTIA</b>		
Full Banded Case	50% up to \$1,500 lifetime maximum. Annual deductible does not apply.	
Partial Banded Case	50% up to \$1,500 lifetime maximum. Annual deductible does not apply.	
Invisible Braces; e.g. <i>Invisalign</i>	50% up to \$1,500 lifetime maximum. Annual deductible does not apply.	
Self-administered (or any type of "do it yourself") orthodontics; e.g. <i>SmileDirectClub</i>	Not Covered	