

**Leidos
2021 Plan Year
Benefit Verification**

Benefit Attribute	2021 Plan Year - Employee Pays
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Please refer to the Certificate of Coverage for complete details on covered services

PROVIDER:	CIGNA International Dental
GROUP NUMBER:	0666A
MEMBER SERVICES PHONE #:	1-800-441-2668 or 302-797-3100- collect
PLAN WEBSITE ADDRESS:	www.cignaenvoy.com
AVAILABILITY:	For Expatriate Employees
CHOICE OF DENTIST:	Any Dentist- Online directory available to search for Dentists in +450 countries.

DEDUCTIBLE AND MAXIMUM AMOUNTS:

Deductible per calendar year	\$25 per person / \$75 per family Excludes Class I Preventive and Class IV Orthodontic
Annual Maximum Benefit	\$1,500

PREVENTIVE SERVICES

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

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	Covered at 100%. Limit one treatment per tooth every 3 calendar years

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

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PROSTHETICS - DENTURES	
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%
ORTHODONTIA	
Full Banded Case	50% after separate \$50 lifetime deductible. \$1,500 lifetime maximum
Partial Banded Case	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.