

**Leidos**  
**2021 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	2021 Plan Year - In-Network - Employee Pays	2021 Plan Year - Out of Network - Employee Pays
DEDUCTIBLE AND MAXIMUM AMOUNTS:		
Deductible per calendar year		\$50
Annual Maximum Benefit		\$1,500
PREVENTIVE SERVICES		
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	
DIAGNOSTIC SERVICES		
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
ORAL SURGERY		
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
RESTORATIVE		
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

**Leidos**  
**2021 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	2021 Plan Year - In-Network - Employee Pays	2021 Plan Year - Out of Network - Employee Pays
<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	20%	30% of non-par allowance
Bridge	20%	30% of non-par allowance
Implants	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>TMJ/BRUXISM</b>	40%	50% 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.	

## Leidos

### 2021 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	2021 Plan Year - In-Network - Employee Pays	2021 Plan Year - Out of Network - Employee Pays
Self-administered (or any type of "do it yourself") orthodontics; e.g. <i>SmileDirectClub</i>		Not Covered

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