

**Leidos
2022 Plan Year
Benefit Verification**

Benefit Attribute

2022 Plan Year

This is a summary only. Please refer to the Certificate of Coverage for a complete listing of covered and excluded services.

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|---|--|
| 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, 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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| CROWNS AND BRIDGES | |
| 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 |
| PROSTHETICS - DENTURES | |
| Complete Upper or Lower Denture | \$275 copay |
| Partial Upper or Lower Denture | \$275 - \$350 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 |
| ORTHODONTIA | |
| 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