

**Leidos  
2022 Plan Year  
Benefit Verification**

**PLAN NAME:** Low PPO Plus Premier  
**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	2022 Plan Year - In-Network - Employee Pays	2022 Plan Year - Out of Network - Employee Pays
<b>DEDUCTIBLE AND MAXIMUM AMOUNTS:</b>		
Deductible per calendar year		\$50
Annual Maximum Benefit		\$1,000
<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
Periodontal Maintenance (Four visits per calendar year, less the number of regular teeth cleanings)	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; Not subject to deductible	
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	20%	30% of non-par allowance
Surgical Extraction	20%	30% of non-par allowance
Impactions	20%	30% of non-par allowance
General Anesthesia (only provided for surgical extractions)	20%	30% of non-par allowance
<b>RESTORATIVE</b>		
Amalgam Restoration of Primary Teeth	20%	30% of non-par allowance
Permanent Teeth	20%	30% of non-par allowance
Composite Restoration	20%	30% of non-par allowance

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<b>ENDODONTICS</b>		
Root Canal Therapy	20%	30% of non-par allowance
Pulp Capping	20%	30% of non-par allowance
Pulpotomy	20%	30% of non-par allowance
Apicoectomy and Retro Fill	20%	30% of non-par allowance
Apicoectomy and Retro Fill on Separate Appointment	20%	30% of non-par allowance
<b>PERIODONTICS</b>		
Subgingival Curettage (per quadrant)	20%	30% of non-par allowance
Gingivectomy (per quadrant)	20%	30% of non-par allowance
<b>CROWNS AND BRIDGES</b>		
Crowns - per unit	50%	60% of non-par allowance
Bridges (pontics) - per unit	50%	60% of non-par allowance
Stainless Steel Crowns	20%	30% of non-par allowance
Recementation		
Inlay	20%	30% of non-par allowance
Crown	20%	30% of non-par allowance
Bridge	20%	30% of non-par allowance
Implants	50%	60% of non-par allowance
<b>PROSTHETICS - DENTURES</b>		
Complete Upper or Lower Denture	50%	60% of non-par allowance
Partial Upper or Lower Denture	50%	60% of non-par allowance
Denture and Partial Adjustments	50%	60% of non-par allowance
Denture Reline	50%	60% of non-par allowance
Denture Duplication	50%	60% of non-par allowance
Denture and Partial Repairs	20%	30% of non-par allowance
Adding Teeth or Clasps to Partial Denture - per unit	20%	30% of non-par allowance
<b>TMJ/BRUXISM</b>	50%	60% of non-par allowance
<b>ORTHODONTIA</b>		Not Covered

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