

Dental Plans

King County offers employees two dental plan options through Delta Dental of Washington and Cigna Dental.

Delta Dental PPO Plan: Offers a larger network of dentists and both in-network and out-of-network provider options. Find a provider at [Delta Dental of Washington](#). Covers diagnostic and preventive services at 100%. Offers an incentive program for restorative services and crowns: As long as you see a dentist at least once per year for a covered service, your benefit level increases each year until you reach the highest incentive level.

Cigna Dental HMO Plan: Offers a large network of dentists and specialists with generous orthodontia coverage for both children and adults. With a dental HMO plan, you choose your primary dentist, who provides most of your care and refers you to specialists. Find a provider at [Cigna Dental Care Access Plus Provider Directory](#) or call Cigna’s plan shopper helpline at 800-564-7642.

The table below summarizes the key features of the dental plans. Full plan details can be found on the [Dental & vision plans](#) and the [Benefits summaries](#) web pages.

	Delta Dental PPO Plan	Cigna Dental HMO Plan
How Payment Works	When you see a PPO, Premier, or non-participating dentist, you pay a deductible ¹ , then a percentage of the allowed amount ² . The most the plan pays per year is \$2,500.	When you see your primary care dentist or network specialist, you pay copays, which are a fixed dollar amount. There is no deductible or maximum benefit limit.
Choosing the Right Dentist	Offers a larger network of providers. You pay less when you see in-network providers.	You choose a primary care dentist who provides most of your care and refers you to network specialists.
What You Pay for Covered Services³		
Annual Deductible	\$25/person; \$75/family	\$0
Annual Maximum Benefit	\$2,500 per person	No maximum benefit limit
Diagnostic & Preventive Care Exams, cleanings, fluoride, x-rays, sealants	\$0 Deductible waived. Costs for preventive care don't apply to benefit maximum.	\$0 No deductible on this plan.
Basic Services (fillings)	0–30%	\$0–\$55
Crowns	15–30%	\$100–\$325
Endodontics (root canals)	0–30%	\$50–\$155
Periodontics	0–30%	\$0–\$255
Removal of Teeth (extractions)	0–30%	\$2–\$90
Surgical Placement of Implants	30%	\$340–1,025 Limited to one per year
Dentures Dentures, partials, bridges	30%	Complete denture: \$120–\$320 Partial denture: \$120–\$320
Orthodontia For adults and children	50% Lifetime max is \$2,500 per person	Children up to 19 th birthday: \$2,049 Adults: \$2,553

1. Deductible: The amount you pay per year before the plan begins to pay. The Cigna Dental HMO Plan does not have a deductible
2. Allowed amount: refers to the contracted rate the plan pays in-network providers. Out-of-network providers can charge you above the allowed amount.
3. All services must be medically necessary. See [plan guides](#) for details, limits, restrictions, and preauthorization requirements.

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