

Dental Plan Comparison

Plan Feature	Delta Dental PPO Plan	Cigna Dental HMO Plan (Offered to the Regular & Transit ATU 587 employee benefit groups.)
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.
What You Pay for Covered Services ³		
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. Preventive care costs don't apply to benefit maximum. Deputy Sheriff plan members pay 0 – 30% for preventive services.	\$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% (Covered on Regular and Transit dental plans only)	\$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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Benefits, Payroll & Retirement Operations 206-684-1556 KC.Benefits@KingCounty.gov



King County