

**Lincoln County
Employee Paid Dental Benefits
Effective January 1, 2024**

Washington Dental Service provides dental insurance to Lincoln County Employees through Payroll deduction. Annual maximum per person is \$2,000. 100% covered for exams, x-rays and cleanings (Preventative services). 90% for fillings, extractions, oral surgery, and root canal therapy. 50% for crowns, inlays & onlays, detures, bridges and partials. Orthodontics - 50% with lifetime maximum of \$1,500 per person. In or Out of network deductibles are \$50 per person, \$150 family

Dental Rates for 2024	Rate
Employee	\$ 56.10
Employee & Spouse	\$ 116.95
Employee & Child(ren)	\$ 142.95
Family	\$ 203.80

General plan information	Delta Dental WA	
	In-Network	Out-of-Network
Annual deductible - Individual	\$50	\$50
Annual deductible - family	\$150	\$150
Waived for preventive	Yes	Yes
Annual plan maximum - per person	\$2,000	\$2,000
Preventative care applies to annual maximum?	No	No
Waiting period	None	None
Covered services		
Diagnostic and preventive services	100%	100%
Examinations & cleanings	100%	100%
Limitations	2 PCY	
X-rays	100%	100%
Basic services	90%	80%
Endodontics	90%	80%
Oral surgery	90%	80%
Anesthesia	90%	80%
Non-surgical periodontics	90%	80%
Surgical periodontics	90%	80%
Major services		
Inlays and onlays	50%	50%
Crowns	50%	50%
Replacement limitations	Every 7 years	Every 7 years
Dentures & bridges	50%	50%
Implants	50%	50%
Orthodontia		
Dependent children	50% to \$1,500	
Adults	50% to \$1,500	

