

University of Colorado & Affiliates Dental Plan Comparison

Delta Dental of Colorado's Provider Networks

The Delta Dental PPOSM network gives members access to more than 1,800 Delta Dental dentists at substantially discounted fees. Our Delta Dental Premier[®] network boasts even more selection with an additional 1,200+ participating providers who also offer reduced fees — though not as deep as PPO. Combined, our network includes nearly 9 out of every 10 dentists in Colorado!

EPO and PPO

You can choose between an EPO and a PPO plan. The **Exclusive Panel Option (EPO)** a feature of Delta Dental PPOSM may be a great choice for you if you are looking for an affordable plan with predictable out-of-pocket expenses. Because **coverage is provided only when you visit a Colorado Delta Dental PPO dentist**, this plan is an excellent option if you do not have an established relationship with a dentist or are already seeing a dentist who is in our PPO network. This plan also features enhanced orthodontia benefits and no deductible.



The **Delta Dental PPO plan** option offers convenience, flexibility and choice with coverage provided when you visit a Delta Dental PPO, Premier or out-of-network dentist. You'll enjoy the greatest savings when you visit a PPO dentist, but you will still be covered if you have an established relationship with and wish to continue using a dentist who is part of our Premier network or who is not a part of the Delta Dental network. Additionally, the PPO plan has an added benefit of implant coverage.

	EPO		Delta Dental PPO	
	PPO dentist	PPO dentist	Premier dentist	Out-of-network dentist
Provider Selection	<ul style="list-style-type: none"> Dentist agrees to accept scheduled fees Claim forms are filed by the dental office 	<ul style="list-style-type: none"> Dentist agrees to accept scheduled fees Claim forms are filed by dental office 	<ul style="list-style-type: none"> Dentist agrees to accept scheduled fees Claim forms are filed by dental office 	<ul style="list-style-type: none"> Benefits are based on Delta Dental's allowable charges You pay any excess charges above Delta Dental's allowable charges You are responsible for filing claims
Plan-Year Deductible	None	\$50 per member per plan year	\$75 per member per plan year	\$75 per member per plan year
		<i>Deductible does not apply to diagnostic, preventive or orthodontic services.</i>		
Plan-Year Maximum	\$2,000 per person	\$2,000 per person		

	EPO	Delta Dental PPO		
	PPO dentist	PPO dentist	Premier dentist	Out-of-network dentist
Preventive and Diagnostic <i>Cleanings, fluoride, sealants, X-rays, oral examinations, etc.</i>	You pay (your copay): \$0 for initial/periodic oral exam <i>Receive up to two free cleanings per plan year</i>	You pay: \$0 <i>Receive up to two free cleanings per plan year</i>	You pay: \$0 <i>Receive up to two free cleanings per plan year</i>	You pay: Any amount above Delta Dental's allowable charges
Basic Restorative <i>Fillings</i>	You pay (your copay): \$32–97, depending on procedure	You pay: 20% of procedure cost after your deductible is met	You pay: 40% of procedure cost after your deductible is met	You pay: 40% of allowable charges after your deductible is met
Endodontics <i>Root canal therapy</i>	You pay (your copay): \$223–\$373, depending on procedure	You pay: 30% of procedure cost after your deductible is met	You pay: 50% of procedure cost after your deductible is met	You pay: 50% of allowable charges after your deductible is met
Periodontics <i>Treatment of the gums</i>	You pay (your copay): \$117–\$334, depending on procedure	You pay: 30% of procedure cost after your deductible is met	You pay: 50% of procedure cost after your deductible is met	You pay: 50% of allowable charges after your deductible is met
Oral Surgery <i>Extractions</i>	You pay (your copay): \$39–\$151, depending on procedure	You pay: 30% of procedure cost after your deductible is met	You pay: 50% of procedure cost after your deductible is met	You pay: 50% of allowable charges after your deductible is met
Prosthodontics <i>Crowns, bridges, dentures</i>	You pay (your copay): \$22–\$569, depending on procedure	You pay: 50% of procedure cost after your deductible is met	You pay: 60% of procedure cost after your deductible is met	You pay: 60% of allowable charges after your deductible is met
Implants <i>As part of a major restoration</i>	Not a covered benefit	You pay: 50% of procedure cost after your deductible is met	You pay: 60% of procedure cost after your deductible is met	You pay: 60% of allowable charges after your deductible is met
Orthodontics	You pay (your copay): \$668–\$2,200, depending on procedure* <i>\$4,000 lifetime limit per person. Includes employee, spouse & children (through end of month in which the child turns 27.)</i>	You pay: 50% of procedure cost	You pay: 60% of procedure cost	You pay: 60% of allowable charges
		<i>\$1,500 lifetime limit per child age 19 and younger. For children only.</i>		
Emergency Services	You pay (your copay): \$31	Coverage amount is dependent on procedure	Coverage amount is dependent on procedure	Coverage amount is dependent on procedure

*Please note that if you are in the middle of orthodontic treatment and your dentist is not a PPO provider, your treatment will not be covered under the EPO Plan.