

△ DELTA DENTAL®

CU Health Plan – Essential Dental Delta Dental PPOSM Network Only

Plan Year 7/1/2025 - 6/30/2026

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LAN YEAR MAXIMUM BENEFIT		\$2,000 per person – Services must be received by a PPO dentist.	
ORTHODONTIC LIFETIME MAXIMUM Children to age 19		\$2,000 per person – Treatment must be received by a PPO dentist. Orthodontia benefits already paid under either option will be applied under this plan's lifetime maximum.	
PLAN YEAR DEDUCTIBLE Applies to Basic and Major Services		Per Person Deductible: \$25 There is no family deductible limit. Deductible will not be taken on services for children to age 13.	
PPO MEMBER COST Services are not covered outside the PPO network.	COVERED SERV		BENEFIT INFORMATION (Subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC	SERVICES - Preventi	ive and Di	agnostic services do not apply to Plan Year Maximum
0%	Oral Evaluation		Limited to 2 evaluations in a plan year.
	Bitewing X-rays		Limited to 1 set in a plan year.
	Full Mouth or Panoramic X-rays		Limited to 1 in a 60-month period.
	Routine Cleaning		Limited to 4 cleanings in a plan year.
	Fluoride Treatments		Limited to 2 treatments in a plan year, for adults and children.
	Space Maintainers		For premature loss of baby back teeth only under age 14.
	Sealants		1 per tooth in 36 months under age 15 on unrestored permanent molars.
BASIC SERVICES - Fillings, Endodon	tics (Root Canal), Peri	odontics (Gum Disease), and Oral Surgery (Extractions)
	Amalgam, Resin and Composite Fillings		Benefit on the same surface limited to 1 in 12 months on
	_		posterior teeth.
200/	_	tions)	posterior teeth.
30%	Composite Fillings	tions)	Benefit with covered oral surgery only.
30%	Composite Fillings Oral Surgery (Extrac	-	
30%	Composite Fillings Oral Surgery (Extrac General Anesthesia	l (gums)	Benefit with covered oral surgery only.
30% MAJOR SERVICES - Crowns, Bridge	Composite Fillings Oral Surgery (Extract General Anesthesia Surgical Periodonta Root Canal Therapy	l (gums)	Benefit with covered oral surgery only. Benefit once per quadrant every 36 months.
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MAJOR SERVICES - Crowns, Bridge	Composite Fillings Oral Surgery (Extract General Anesthesia Surgical Periodonta Root Canal Therapy s, Partials, Dentures,	l (gums)	Benefit with covered oral surgery only. Benefit once per quadrant every 36 months. Benefit once per tooth. Benefit 1 per tooth in 60 months on same tooth.
	Composite Fillings Oral Surgery (Extraction General Anesthesia Surgical Periodonta Root Canal Therapy s, Partials, Dentures, Crowns	l (gums) Implants Bridges	Benefit with covered oral surgery only. Benefit once per quadrant every 36 months. Benefit once per tooth. Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12.
MAJOR SERVICES - Crowns, Bridge	Composite Fillings Oral Surgery (Extract General Anesthesia Surgical Periodonta Root Canal Therapy s, Partials, Dentures, Crowns Dentures, Partials, E	I (gums) Implants Bridges	Benefit with covered oral surgery only. Benefit once per quadrant every 36 months. Benefit once per tooth. Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12. Benefit 1 in 60 months. Not a benefit under age 16.
MAJOR SERVICES - Crowns, Bridge	Composite Fillings Oral Surgery (Extract General Anesthesia Surgical Periodonta Root Canal Therapy s, Partials, Dentures, Crowns Dentures, Partials, E Bridge/Denture Rep	I (gums) Implants Bridges	Benefit with covered oral surgery only. Benefit once per quadrant every 36 months. Benefit once per tooth. Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12. Benefit 1 in 60 months. Not a benefit under age 16. Benefit after 6 months from insertion. Benefit 6 months after initial insertion then benefit 1 in 36
MAJOR SERVICES - Crowns, Bridge	Composite Fillings Oral Surgery (Extract General Anesthesia Surgical Periodonta Root Canal Therapy s, Partials, Dentures, Crowns Dentures, Partials, E Bridge/Denture Rep Denture Rebase/Ref	I (gums) Implants Bridges	Benefit with covered oral surgery only. Benefit once per quadrant every 36 months. Benefit once per tooth. Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12. Benefit 1 in 60 months. Not a benefit under age 16. Benefit after 6 months from insertion. Benefit 6 months after initial insertion then benefit 1 in 36 months. Benefit 1 per tooth in 60 months on the same tooth.
MAJOR SERVICES - Crowns, Bridge 50% ORTHODONTICS - Braces For Child	Composite Fillings Oral Surgery (Extract General Anesthesia Surgical Periodonta Root Canal Therapy s, Partials, Dentures, Crowns Dentures, Partials, E Bridge/Denture Rep Denture Rebase/Ref	I (gums) Implants Bridges pair line	Benefit with covered oral surgery only. Benefit once per quadrant every 36 months. Benefit once per tooth. Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12. Benefit 1 in 60 months. Not a benefit under age 16. Benefit after 6 months from insertion. Benefit 6 months after initial insertion then benefit 1 in 36 months. Benefit 1 per tooth in 60 months on the same tooth. Not covered under age 16.
MAJOR SERVICES - Crowns, Bridge 50%	Composite Fillings Oral Surgery (Extract General Anesthesia Surgical Periodonta Root Canal Therapy s, Partials, Dentures, Crowns Dentures, Partials, E Bridge/Denture Rep Denture Rebase/Ref Implants ren to age 19 only	I (gums) Implants Bridges pair line	Benefit with covered oral surgery only. Benefit once per quadrant every 36 months. Benefit once per tooth. Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12. Benefit 1 in 60 months. Not a benefit under age 16. Benefit after 6 months from insertion. Benefit 6 months after initial insertion then benefit 1 in 36 months. Benefit 1 per tooth in 60 months on the same tooth. Not covered under age 16.

The PPO percentage of benefits is based on the PPO Schedule of Allowances.

Right Start 4 Kids: Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics is not covered at 100% but at the plan's listed coinsurance.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services that are limited or excluded from coverage. Your employee benefit booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this summary of benefits and your employee benefit booklet, the benefit booklet will govern.