Health Plan | DELTA DENTAL

CU HEALTH PLAN – Premier Dental

Plan Year 7/1/2024 – 12/31/2024

Delta Dental PPO℠ + PREMIER Network

PLAN YEAR MAXIMUM BENEFIT	$1,250 per person - Combination of in and out-of-network
PLAN YEAR DEDUCTIBLE Applies to Basic and Major Services	**Per Person Deductible**: $25 (Combination of in and out-of-network) There is no family deductible limit. Deductible will not be taken on services for children to age 13

PPO	Premier	Non-Par	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
MEMBER COST				
PREVENTIVE AND DIAGNOSTIC SERVICES - Preventive and Diagnostic services do not apply to Plan year Maximum				
0%	20%	20%	Oral Evaluation	Limited to 2 evaluations in a plan year.
			Bitewing X-rays	Limited to 2 sets in a plan year.
			Full Mouth or Panoramic X-rays	Limited to 1 in a 36 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 16.
			Sealants	1 per tooth in 36 months under age 17 on unrestored permanent molars.
BASIC SERVICES - Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions)				
50%	50%	50%	Amalgam, Resin and Composite Fillings	Benefit on the same surface limited to 1 in 12 months.
50%	50%	50%	Oral Surgery (Extractions)	
			General Anesthesia	Benefit with covered oral surgery only.
			Surgical Periodontal (gums)	Benefit once per quadrant every 36 months.
			Root Canal Therapy	Benefit once per tooth.
MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants				
50%	50%	50%	Crowns	Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12.
			Dentures, Partials, Bridges	Benefit 1 in 60 months. Not a benefit under age 16.
			Bridge/Denture Repair	Benefit after 6 months from insertion.
			Denture Rebase/Reline	Benefit 6 months after initial insertion then benefit 1 in 36 months.
			Implants	Benefit 1 per tooth in 60 months on same tooth.

The PPO percentage of benefits is based on the PPO Schedule of Allowances.
The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance.
The non-participating percentage of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the dentist.

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.

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