

## **Essential** <sup>[1]</sup>

**This Delta Dental plan gives you access to providers**  
**ProviderAn individual or facility that provides health care**  
**services such as a doctor, nurse, chiropractor, hospital,**  
**rehabilitation center, etc.** <sup>[2]</sup> **within the Delta Preferred**  
**Provider Option (PPO)Preferred Provider Organization**  
**(PPO)A health care plan that has a contractual agreement**  
**with providers to offer health care services at discounted,**  
**negotiated fees within a network. The PPO plans may**  
**require some cost-sharing with deductibles, copays**  
**and/or coinsurance.** <sup>[3]</sup> **networkNetworkThe facilities,**  
**providers and suppliers with whom your health insurer or**  
**plan has contracted to provide health care services** <sup>[4]</sup> **in**  
**Colorado and throughout the United States.**

Essential Plan members must see a **PPO providerPreferred Provider Organization (PPO)**  
**A health care plan that has a contractual agreement with providers to offer health care**  
**services at discounted, negotiated fees within a network. The PPO plans may require**  
**some cost-sharing with deductibles, copays and/or coinsurance.** <sup>[3]</sup> Coverage will not  
be offered for **providersProviderAn individual or facility that provides health care services such**  
**as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc.** <sup>[2]</sup> **outside of the network.**  
**NetworkThe facilities, providers and suppliers with whom your health insurer or plan has**  
**contracted to provide health care services** <sup>[4]</sup> Once you meet the \$25 per person plan  
**deductibleDeductibleAn amount that you are required to pay before the plan will begin to**  
**reimburse for covered services.** <sup>[5]</sup>, you'll be responsible for a percentage of your covered care  
costs, known as **coinsurance.CoinsuranceThe portion of expenses that you have to pay for**  
**certain covered services, calculated as a percentage. For example, if the coinsurance rate is**  
**20%, then you are responsible for paying 20% of the bill, and the insurance company will pay**  
**80%.** <sup>[6]</sup>

### **Plan details**

- [CU Health Plan - Essential Dental Benefits Coverage Summary](#) [7] (1 page)
- [CU Health Plan - Essential Dental Full Benefits Booklet](#) [8] (20 pages)
- [Right Start 4 Kids Program](#) [9] (1 page)

**Find a Dentist** [10]

**Delta Dental microsite** [11]

**Factors to Consider**

Employee Services	PPO Provider Network
Plan Type	
Right Sidebar:	
ES: Benefits & Wellness - Current Employee Sidebar	\$2,000 per person
ES: Benefits & Wellness - Contact	
Plan-Year Benefit	
Deductible (Children under 13 excluded)	\$25 per person
Preventive & Diagnostic Services	0% coinsurance & nondeductible
Basic Services	30% coinsurance payment
Major Services	50% coinsurance payment
Orthodontics (for children under age 19)	50% coinsurance payment
Orthodontics for adults (19 and older)	Not covered

Source URL: <https://www.cu.edu/employee-services/benefits-wellness/current-employee/dental-plans/essential-dental-plans>

[1] <https://www.cu.edu/employee-services/benefits-wellness/current-employee/dental-plans/essential-dental-plans>  
 [2] <https://www.cu.edu/es-benefits-glossary/provider> [3] <https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo> [4] <https://www.cu.edu/es-benefits-glossary/network> [5] <https://www.cu.edu/es-benefits-glossary/deductible> [6] <https://www.cu.edu/es-benefits-glossary/coinsurance>  
 [7] <https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-cu-summary> [8] <https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-booklet> [9] <https://www.cu.edu/docs/right-start-4-kids-information> [10] <https://www.deltadentalco.com/dentist-search.html> [11] <http://www.deltadentalco.com/members/resources/CU-health.html>