Under this Delta Dental plan, you may see any dentist. However, your out-of-pocket Out-of-Pocket Limit/Maximum (OMP) is the maximum amount of money you will pay for covered medical services during the plan year. These costs include deductibles, copays and coinsurance. This maximum is designed to protect you from catastrophic health care costs. After you reach this amount, the plan will pay 100% of the allowed amount. [2] Costs are lower when you use a dentist on Delta’s Preferred Provider Option (PPO) Preferred Provider Organization (PPO) is 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. [3] List. Once you meet the deductible Deductible is an amount that you are required to pay before the plan will begin to reimburse for covered services. [4], you will be responsible for a percentage of your covered costs, known as coinsurance. Coinsurance is the 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%. [5]. Adults, age 19 or older, are eligible for the orthodontic benefit Orthodontic Coverage is a treatment that aligns a person’s teeth, which may include the use of braces. [6] with this plan.

Plan details

- CU Health Plan - Choice Dental Benefits Coverage Summary [7] (1 page)
- CU Health Plan - Choice Dental Full Benefits Booklet [8] (19 pages)
- Right Start 4 Kids Program [9] (1 page)

Find a dentist [10]
Plan type

PPO Provider Network
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. [3]

Premier Provider Network
Premier Delta Dental Provider
A non-PPO provider that has negotiated a higher fee allowance. You will pay more out-of-pocket expenses. [11]**

Non-Participating***

Plan-year benefit

$2,500* $2,500* $2,500*

Deductible

Deductible
An amount that you are required to pay before the plan will begin to reimburse for covered services. [4]

$25 per person $75 per person $75 per person

(Children 12 and under excluded)

Preventative & diagnostic services

0% coinsurance and no deductible 0% coinsurance and no deductible 0% coinsurance and no deductible

Basic services

Basic Dental Services
Includes fillings, endodontics (root canal), periodontics (gum disease) and oral surgery (extractions). Refer to each plan’s summary for further details. [12]

20-25% coinsurance 40-50% coinsurance 40-50% coinsurance
### Major Services

**Major Dental Services**

Includes crowns, bridges, partials, dentures, implants. Refer to each plan’s summary for further details. [13]

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Coinsurance After Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>25% coinsurance</td>
<td>60% coinsurance</td>
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<tr>
<td>60% coinsurance</td>
<td>60% coinsurance</td>
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</tbody>
</table>

### Orthodontics

**Orthodontic Coverage**

A treatment that aligns a person’s teeth, which may include the use of braces. [6]

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Coinsurance After Deductible</th>
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</thead>
<tbody>
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<td>40% coinsurance after deductible</td>
<td>60% coinsurance after deductible</td>
</tr>
<tr>
<td>60% coinsurance after deductible</td>
<td>60% coinsurance after deductible</td>
</tr>
</tbody>
</table>

* Combination of in and out-of-network services.

** 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.

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**Groups audience:**

Employee Services

**Right Sidebar:**

ES: Benefits & Wellness - Contact

ES: Benefits & Wellness - GME Medical Resident Sidebar

**Source URL:** https://www.cu.edu/employee-services/benefits-wellness/gme-medical-residents/dental-plans/choice

**Links**

1. [https://www.cu.edu/employee-services/benefits-wellness/gme-medical-residents/dental-plans/choice](https://www.cu.edu/employee-services/benefits-wellness/gme-medical-residents/dental-plans/choice)
4. [https://www.cu.edu/es-benefits-glossary/coinsurance](https://www.cu.edu/es-benefits-glossary/coinsurance)
5. [https://www.cu.edu/es-benefits-glossary/orthodontic-coverage](https://www.cu.edu/es-benefits-glossary/orthodontic-coverage)
8. [https://www.cu.edu/docs/right-start-4-kids-information](https://www.cu.edu/docs/right-start-4-kids-information)
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