Under this Delta Dental plan, you may see any dentist.

However, your out-of-pocket costs are lower when you use a dentist on Delta's 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. Once you meet the deductible, you will be responsible for a percentage of your covered costs, known as coinsurance. 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%. Adults, age 19 or older, are eligible for the orthodontic benefit. A treatment that aligns a person’s teeth, which may include the use of braces.

Plan details

- CU Health Plan - Choice Dental Benefits Coverage Summary
- CU Health Plan - Choice Dental Full Benefits Booklet
- Right Start 4 Kids Program

Find a Dentist

Delta Dental microsite

Features & Considerations

<table>
<thead>
<tr>
<th>Plan type</th>
<th>PPO Provider Network</th>
<th>Premier Provider Network**</th>
<th>Non-Participating***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan-year benefit</td>
<td>$2,500*</td>
<td>$2,500*</td>
<td>$2,500*</td>
</tr>
<tr>
<td>Service Type</td>
<td>Coinsurance</td>
<td>Coinsurance</td>
<td>Coinsurance</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------</td>
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<td>-------------------</td>
</tr>
<tr>
<td>Deductible (Children under 13 excluded)</td>
<td>$25 per person</td>
<td>$75 per person</td>
<td>$75 per person</td>
</tr>
<tr>
<td>Preventative &amp; Diagnostic Services</td>
<td>0% coinsurance and no deductible</td>
<td>0% coinsurance and no deductible</td>
<td>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 dentists.</td>
</tr>
<tr>
<td>Basic Services</td>
<td>20-25% coinsurance</td>
<td>40-50% coinsurance</td>
<td>40-50% coinsurance</td>
</tr>
<tr>
<td>Major Services</td>
<td>25% coinsurance</td>
<td>60% coinsurance</td>
<td>60% coinsurance</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>40% coinsurance after deductible</td>
<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 dentists.

Groups audience:
Employee Services

Right Sidebar:
ES: Benefits & Wellness - Contact
ES: Benefits & Wellness - GME Medical Resident Sidebar

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Links
[1] https://www.cu.edu/employee-services/benefits-wellness/gme-medical-residents/dental-plans/choice