This Delta Dental plan grants access to providers that provide health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. only within the Delta Preferred Provider Option (PPO) network. 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. Your PPO network is available in Colorado and throughout the United States. Essential Plan members must see a PPO provider 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.

Coverage will not be offered for providers outside of the network. Once you meet the $25 per person plan deductible, you’ll be responsible for a percentage of your covered care costs, known as coinsurance. 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%.

Plan Details

- CU Health Plan - Essential Dental Benefits Coverage Summary (1 page)
- CU Health Plan - Essential Dental Full Benefits Booklet (20 pages)
- Right Start 4 Kids Program (1 page)

Find a dentist

Delta Dental microsite

Features and considerations

<table>
<thead>
<tr>
<th>Plan type</th>
<th>PPO Provider Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preferred Provider Organization (PPO)</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>
Plan-year benefit: $2,000 per person

Deductible: An amount that you are required to pay before the plan will begin to reimburse for covered services. [5]

(Children 12 and under excluded)

$25 per person

Preventative & diagnostic services:
0% coinsurance & no deductible

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

30% coinsurance payment

Major services:
- Orthodontics
- Orthodontic Coverage
- A treatment that aligns a person’s teeth, which may include the use of braces. [13]
  (for children under age 19)

50% coinsurance payment

Orthodontics:
- Orthodontic Coverage
- A treatment that aligns a person’s teeth, which may include the use of braces. [13]
  (for adults 19 and older)

50% coinsurance payment

Not covered

Links:
[1] https://www.cu.edu/employee-services/benefits-wellness/gme-medical-residents/dental-plans/essential
[9] https://www.cu.edu/docs/right-start-4-kids-information
[12] https://www.cu.edu/es-benefits-glossary/basic-dental-services