**Plan type**

PPO Provider 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.
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)

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]

Major services:
- 50% coinsurance payment

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

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