

Choice ^[1]

2026–27 plan year information

This page provides details about the **2025–26 benefits plan year**. For plan year 2026–27 (beginning July 1, 2026) information, visit the [Open Enrollment page](#) ^[2].

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

However, your out-of-pocket Out-of-Pocket Limit/Maximum (OMP) 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. ^[3] costs are lower when you use a dentist on Delta's 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. ^[4] list.

Once you meet the deductible Deductible An amount that you are required to pay before the plan will begin to reimburse for covered services. ^[5], you will be responsible for a percentage of your covered costs, known as coinsurance 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%. ^[6] Adults, age 19 or older, are eligible for the orthodontic benefit Orthodontic Coverage A treatment that aligns a person's teeth, which may include the use of braces. ^[7] with this plan.

Plan details

- [CU Health Plan - Choice Dental Benefits Coverage Summary](#) ^[8] (1 page)
- [CU Health Plan - Choice Dental Full Benefits Booklet](#) ^[9] (19 pages)
- [Right Start 4 Kids Program](#) ^[10] (1 page)

Find a Dentist ^[11]

Delta Dental microsite ^[12]

Features & Considerations

Plan type	PPO Provider Network	Premier Provider Network**	Non-Participating***
Plan-year benefit	\$2,500*	\$2,500*	\$2,500*
Deductible (Children under 13 excluded)	\$25 per person	\$75 per person	\$75 per person
Preventive & Diagnostic Services	0% coinsurance and no deductible	0% coinsurance and no deductible	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.
Basic Services	20-25% coinsurance	40-50% coinsurance	40-50% coinsurance
Major Services	25% coinsurance	60% coinsurance	60% coinsurance
Orthodontics	40% coinsurance after deductible	60% coinsurance after deductible	60% coinsurance after deductible

*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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