

## **Essential** <sup>[1]</sup>

### **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](#) <sup>[2]</sup>.

**This Delta Dental plan grants access to providers**  
**Provider**  
**An individual or facility that provides health care services such**  
**as a doctor, nurse, chiropractor, hospital, rehabilitation center,**  
**etc.** <sup>[3]</sup> **only within the Delta Preferred Provider Option (PPO)**  
**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.** <sup>[4]</sup> **Your PPO network**  
**Network**  
**The facilities, providers and suppliers with whom your health**  
**insurer or plan has contracted to provide health care services** <sup>[5]</sup>  
**is available in Colorado and throughout the United States.**

Essential Plan members **must see a PPO provider**  
**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.** <sup>[4]</sup> Coverage will not  
be offered for **providers**  
**Provider**  
**An individual or facility that provides health care services such**  
**as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc.** <sup>[3]</sup> **outside of the network.**  
**Network**  
**The facilities, providers and suppliers with whom your health insurer or plan has**  
**contracted to provide health care services** <sup>[5]</sup> Once you meet the \$25 per person plan  
**deductible**  
**Deductible**  
**An amount that you are required to pay before the plan will begin to**  
**reimburse for covered services.** <sup>[6]</sup>, you'll be responsible for a percentage of your covered care  
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%.** <sup>[7]</sup>

### **Plan Details**

- [CU Health Plan - Essential Dental Benefits Coverage Summary](#) <sup>[8]</sup> (1 page)

- [CU Health Plan - Essential Dental Full Benefits Booklet](#) [9] (20 pages)
- [Right Start 4 Kids Program](#) [10] (1 page)

**[Find a dentist](#)** [11]

**[Delta Dental microsite](#)** [12]

## Groups and Considerations

Employee Services

**Plan Type**

Right Sidebar:

PPO Provider Network

ES: Benefits & Wellness - New Employee Sidebar

ES: Benefits & Wellness - Contact

\$2,000 per person

**Deductible (Children under 13**

Source URL: [https://www.cu.edu/employee-services/benefits-wellness/new-employee/dental-](https://www.cu.edu/employee-services/benefits-wellness/new-employee/dental-excluded)

**excluded)**

\$25 per person

**Preventive & Diagnostic Services**

0% coinsurance & non deductible

[1] <https://www.cu.edu/employee-services/benefits-wellness/new-employee/dental-plans/essential>

**Basic Services**

30% coinsurance payment

[2] <https://www.cu.edu/employee-services/open-enrollment> [3] <https://www.cu.edu/es-benefits-glossary/provider> [4] <https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo>

**Major Services**

50% coinsurance payment

[5] <https://www.cu.edu/es-benefits-glossary/network> [6] <https://www.cu.edu/es-benefits-glossary/deductible>

[7] <https://www.cu.edu/es-benefits-glossary/coinsurance> [8] [https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-](https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-summary)

**Orthodontics (for children under age 19)**

50% coinsurance payment

[9] [https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-](https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-booklet)

[10] <https://www.cu.edu/docs/right-start-4-kids-information> [11]

**Orthodontics for adults (19 and older)**

Not covered

[12] <https://www.deltadentalco.com/dentist-search.html>

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