Dental Plan [1]

CU Health Plan — Dental Premier is only available to Medicare-eligible CU retirees and gives its members access to the Delta 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. [2] and Premier networksPremier Delta Dental ProviderA non-PPO provider that has negotiated a higher fee allowance. You will pay more out-of-pocket expenses. [3]. You can still choose any dentist you like, but your out-of-pocket costs are typically lower with PPO network providers. 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. [2]

Once you meet your $25 per person plan deductibleDeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [4], you will only be responsible for a percentage of your covered care costs (aka coinsuranceCoinsurance 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% [5]) up to the plan maximum benefit of $1,250 per plan year.

Plan details

- CU Health Plan - Dental Premier Benefits Coverage Summary [6] (1 page)
- CU Health Plan - Dental Premier Full Benefits Booklet [7] (20 pages)
- Right Start 4 Kids Program [8] (1 page)

Find a dentist [9]

Features and considerations

| Plan type | PPO Provider NetworkPreferred 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. [2] |
| Plan-year benefit | $1,250 per person |
Deductible

An amount that you are required to pay before the plan will begin to reimburse for covered services. (Children under 13 excluded)

$25 per person

Preventative Care - Medical

A routine health care check-up that will include tests or exams, flu and routine shots, and patient counseling to prevent or discover illness, disease or other health problems. All recommended preventive services would be covered as required by the Affordable Care Act (ACA) and applicable state laws, with no deductible.

0% 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%.

Basic services

50% coinsurance payment

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%.

Major services

50% coinsurance payment

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%.

Links

[8] https://www.cu.edu/docs/right-start-4-kids-information