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. 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. Once you meet the deductibleDeductible An amount that you are required to pay before the plan will begin to reimburse for covered services. You will be responsible for a percentage of your covered costs, known as 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%. Adults, age 19 or older, are eligible for the orthodontic benefitOrthodontic Coverage A treatment that aligns a person’s teeth, which may include the use of braces. with this plan.

Plan details

- CU Health Plan - Choice Dental Benefits Coverage Summary [7] (1 page)
- CU Health Plan - Choice Dental Full Benefits Booklet [8] (19 pages)
- Right Start 4 Kids Program [9] (1 page)

Find a dentist [10]

Features and considerations
<table>
<thead>
<tr>
<th>Plan type</th>
<th>PPO Provider Network</th>
<th>Preferred Provider Organization (PPO)</th>
<th>Premier Provider Network</th>
<th>Delta Dental Provider</th>
<th>Non-Participating***</th>
</tr>
</thead>
<tbody>
<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>
<td></td>
<td>A non-PPO provider that has negotiated a higher fee allowance. You will pay more out-of-pocket expenses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan-year benefit</td>
<td>$2,500*</td>
<td>$2,500*</td>
<td>$2,500*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
<td></td>
</tr>
<tr>
<td>An amount that you are required to pay before the plan will begin to reimburse for covered services.</td>
<td>$25 per person</td>
<td>$75 per person</td>
<td>$75 per person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Children 12 and under excluded)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventative &amp; diagnostic services</td>
<td>0% coinsurance and no deductible</td>
<td>0% coinsurance and no deductible</td>
<td>0% coinsurance and no deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic services</td>
<td>Basic Dentalt Surgery Includes fillings, endodontics (root canal), periodontics (gum disease) and oral surgery (extractions). Refer to each plan’s summary for further details.</td>
<td>20-25% coinsurance</td>
<td>40-50% coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major services</td>
<td>25% coinsurance</td>
<td>60% coinsurance</td>
<td>60% coinsurance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Orthodontics
Orthodontic Coverage

treatment that aligns a person’s teeth, which may include the use of braces. [6]

40% coinsurance after deductible
60% coinsurance after deductible
60% coinsurance after deductible

* Combination of in and out-of-network providers or facilities that do not enter into a network agreement, usually resulting in higher out of pocket expenses to you. [11] 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.

Groups audience:
Employee Services

Right Sidebar:
ES: Benefits & Wellness - Retiree 401(a) Non-Medicare
ES: Benefits & Wellness - IWT 401(a) Non-Medicare Eligible Dental
ES: Benefits & Wellness - Contact

Source URL: https://www.cu.edu/employee-services/benefits-wellness/retiree/retiree-401a-non-medicare-eligible/choice

Links
[9] https://www.cu.edu/docs/right-start-4-kids-information
[12] https://www.cu.edu/es-benefits-glossary/basic-dental-services