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. [2] 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. [3] 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. [4], 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%. [5]. 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. [6] with this plan.
<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 <strong>Non-Participating</strong>*</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>
</tr>
<tr>
<td>Plan-year benefit</td>
<td>$2,500*</td>
<td>$2,500*</td>
<td>$2,500*</td>
<td>$2,500*</td>
</tr>
<tr>
<td>Deductible</td>
<td>$25 per person</td>
<td>$75 per person</td>
<td>$75 per person</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Children 12 and under excluded)</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>
</tr>
<tr>
<td>Basic services Basic Dental Services</td>
<td>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>40-50% coinsurance</td>
</tr>
<tr>
<td>Major services</td>
<td>25% coinsurance</td>
<td>60% coinsurance</td>
<td>60% coinsurance</td>
<td></td>
</tr>
</tbody>
</table>
Orthodontics
Orthodontic Coverage
A 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
Non-participating providers or facilities that do not enter into a network agreement, usually resulting in higher out of pocket expenses to you. [13] 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 PERA Non-Medicare
ES: Benefits & Wellness - IWT PERA Non-Medicare Eligible Dental
ES: Benefits & Wellness - Contact

Source URL: https://www.cu.edu/employee-services/benefits-wellness/retiree/retiree-pera-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