This Delta Dental plan grants access to providers an individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. only within the Delta Preferred Provider Option (PPO) network. 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. Your PPO network provides services within a network. Essential Plan members must see a PPO provider 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.

Coverage will not be offered for providers outside of the network. Network providers and suppliers with whom your health insurer or plan has contracted to provide health care services once you meet the $25 per person plan deductible, you’ll be responsible for a percentage of your covered care costs, known as coinsurance. Coinsurance is 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%.

Plan Details

- CU Health Plan - Essential Dental Benefits Coverage Summary
- CU Health Plan - Essential Dental Full Benefits Booklet
- Right Start 4 Kids Program

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Features and considerations

| Plan type       | PPO Provider 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. |

Plan-year benefit $2,000 per person
Deductible
An amount that you are required to pay before the plan will begin to reimburse for covered services.

$25 per person
(Children 12 and under excluded)

Preventative & diagnostic services
0% coinsurance & no deductible

Basic services
Includes fillings, endodontics (root canal), periodontics (gum disease) and oral surgery (extractions).
Refer to each plan's summary for further details.

Major services
50% coinsurance payment

Orthodontics
Orthodontic Coverage
A treatment that aligns a person's teeth, which may include the use of braces. [12] (for children under age 19)

50% coinsurance payment

Orthodontics
Orthodontic Coverage
A treatment that aligns a person's teeth, which may include the use of braces. [12] for adults (19 and older)

Not covered