

Essential ^[1]

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](#) ^[2].

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. ^[3] **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. ^[4] **Your PPO network**
Network
The facilities, providers and suppliers with whom your health
insurer or plan has contracted to provide health care services ^[5]
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. ^[4] 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. ^[3] **outside of the network.**
Network
The facilities, providers and suppliers with whom your health insurer or plan has
contracted to provide health care services ^[5] 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. ^[6], 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%. ^[7]

Plan Details

- [CU Health Plan - Essential Dental Benefits Coverage Summary](#) ^[8] (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

PPO Provider Network

Right Sidebar:

ES: Benefits & Wellness - Retiree PERA Non-Medicare

\$2,000 per person

ES: Benefits & Wellness - IWT PERA Non-Medicare Eligible Dental

Deductible (Children under 13

\$25 per person

excluded) <https://www.cu.edu/employee-services/benefits-wellness/retiree/retiree-pera-non-medicare-eligible/essential>

Preventive & Diagnostic Services

0% coinsurance & non deductible

Links

<https://www.cu.edu/employee-services/benefits-wellness/retiree/retiree-pera-non-medicare-eligible/essential> [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> [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-summary> [9] <https://www.cu.edu/docs/right-start-4-kids-information> [11]

Basic Services 30% coinsurance payment

Major Services 50% coinsurance payment

Orthodontics (for children under age 19) 50% coinsurance payment

Orthodontics for adults (19 and older) Not covered

Orthodontics for adults (19 and older) Not covered

<http://www.deltadentalco.com/members/resources/CU-health.html>