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Dental Plan III

CU Health Plan — Dental Premier is only available to Medicare-eligible surviving spouses and dependent(s) and gives its members access to the <u>Delta Preferred</u> <u>Provider Option (PPO)Preferred Provider Organization</u> (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 <u>Premier networksPremier</u> <u>Delta Dental ProviderA non-PPO provider that has</u> negotiated a higher fee allowance. You will pay more outof-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 <u>deductibleDeductibleAn amount that you are</u> 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 <u>coinsuranceCoinsurance</u> <u>The portion of expenses that you have to pay for certain covered services, calculated as a</u> <u>percentage. For example, if the coinsurance rate is 20%, then you are responsible for paying</u> <u>20% of the bill, and the insurance company will pay 80%.</u> [5]) up to the plan maximum benefit of \$1,250 per plan year.

Plan details

- <u>CU Health Plan Dental Premier Benefits Coverage Summary</u> [6] (1 page)
- <u>CU Health Plan Dental Premier Full Benefits Booklet</u> [7] (18 pages)
- <u>Right Start 4 Kids Program</u>^[8] (1 page)

Find a dentist [9]

Features & 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 costsharing with deductibles, copays and/or coinsurance. [2]

\$1,250 per person

Plan-year benefit

DeductibleDeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [4] (Children under 13 excluded)

PreventativePreventative Care -MedicalA 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 law. [10] & diagnostic services

Basic services

\$25 per person

0% <u>coinsuranceCoinsurance</u> <u>The portion of expenses that you</u> <u>have to pay for certain covered</u> <u>services, calculated as a</u> <u>percentage. For example, if the</u> <u>coinsurance rate is 20%, then you</u> <u>are responsible for paying 20% of</u> <u>the bill, and the insurance</u> <u>company will pay 80%.</u> ^[5] & no <u>deductibleDeductibleAn amount</u> <u>that you are required to pay</u> <u>before the plan will begin to</u> reimburse for covered services. ^[4]

50% <u>coinsurance payment</u> <u>CoinsuranceThe portion of</u> <u>expenses that you have to pay for</u> <u>certain covered services,</u> <u>calculated as a percentage. For</u> <u>example, if the coinsurance rate is</u> 20%, then you are responsible for <u>paying 20% of the bill, and the</u> <u>insurance company will pay 80%.</u>

Groups audience:

Employee Services

Right Sidebar: ES: Benefits & Wellness - SS Medicare Eligible

50% coinsurance payment

CoinsuranceThe portion of

expenses that you have to pay for

ES: Benefits & Wellness - IWT SS Medicare Eligible Certain covered services,

ES: Benefits & Wellness - Contact

calculated as a percentage. For

Source URL: https://www.cu.edu/employee-services/bene @ antiples/stuthengeonsurancengeteo ise-

medicare-eligible/dental-plan

20%, then you are responsible for paying 20% of the bill, and the

Links

[1] https://www.cu.edu/employee-services/benefits-wellnesis/survixing_eperse/survixing/ibopager869%areeligible/dental-plan [2] https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo [3] https://www.cu.edu/es-benefits-glossary/premier-delta-dental-provider [4] https://www.cu.edu/esbenefits-glossary/deductible [5] https://www.cu.edu/es-benefits-glossary/coinsurance

[6] https://www.cu.edu/docs/cu-health-plan-premier-dental-benefits-summary [7]

https://www.cu.edu/docs/cu-health-plan-premier-dental-benefits-booklet [8] https://www.cu.edu/docs/rightstart-4-kids-information [9] https://www.deltadentalco.com/dentist-search.html [10] https://www.cu.edu/esbenefits-glossary/preventative-care-medical