Under this Delta Dental plan, you may see any dentist. However, your **out-of-pocket** Out-of-Pocket Limit/Maximum (OMP) is 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. 

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. 

Once you meet the deductible, you will be responsible for a percentage of your covered costs, known as **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%. 

Adults, age 19 or older, are eligible for the **orthodontic benefit**. **Orthodontic Coverage** is a treatment that aligns a person's teeth, which may include the use of braces.

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### Plan details

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

### Find a dentist

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### Features and considerations
<table>
<thead>
<tr>
<th>Plan type</th>
<th>Description</th>
<th>Deductible</th>
<th>Plan-year benefit</th>
<th>Preventative &amp; diagnostic services</th>
<th>Basic services</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Provider Network&lt;br&gt;Preferred Provider Organization (PPO)</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>$25 per person</td>
<td>$2,500*</td>
<td>0% coinsurance and no deductible</td>
<td>20-25% coinsurance</td>
</tr>
<tr>
<td>Premier Provider NetworkPremier Delta Dental Provider</td>
<td>A non-PPO provider that has negotiated a higher fee allowance. You will pay more out-of-pocket expenses.</td>
<td>$75 per person</td>
<td>$2,500*</td>
<td>0% coinsurance and no deductible</td>
<td>40-50% coinsurance</td>
</tr>
<tr>
<td>Non-Participating***</td>
<td></td>
<td>$75 per person</td>
<td>$2,500*</td>
<td>0% coinsurance and no deductible</td>
<td>40-50% coinsurance</td>
</tr>
</tbody>
</table>

**Notes:**
- [1] Plan-year benefit includes $2,500 for adults and $75 for children 12 and under.
- [3] Deductible applies to basic services and basic dental services.
- [12] Refer to each plan’s summary for further details.
Major Services
Major Dental Services Includes crowns, bridges, partials, dentures, implants. Refer to each plan’s summary for further details. [13]

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

* Combination of in and out-of-network
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. [14] 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 - Current Employee Sidebar
ES: Benefits & Wellness - Contact

Source URL: https://www.cu.edu/employee-services/choice-0

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