Choice [1]

Under this Delta Dental plan, you may see any dentist. However, your out-of-pocket limit/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. [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, you will be responsible for a percentage of your covered 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%. [5]. Adults, age 19 or older, are eligible for the orthodontic benefit orthodontic coverage, which is a treatment that aligns a person’s teeth, which may include the use of braces. [6] with this plan.

Plan details

- CU Health Plan - Choice Dental Benefits Coverage Summary [7] (1 page)
- CU Health Plan - Choice Dental Full Benefits Booklet [8] (19 pages)
- Right Start 4 Kids Program [9] (1 page)

Find a dentist [10]

Features and considerations
### Plan type

<table>
<thead>
<tr>
<th>Plan type</th>
<th>PPO Provider Network Preferred Provider Organization (PPO)</th>
<th>Premier Provider NetworkPremier Delta Dental Provider</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>A non-PPO provider that has negotiated a higher fee allowance. You will pay more out-of-pocket expenses.</td>
</tr>
</tbody>
</table>

### Plan-year benefit

<table>
<thead>
<tr>
<th></th>
<th>$2,500*</th>
<th>$2,500*</th>
<th>$2,500*</th>
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</table>

**Deductible**

An amount that you are required to pay before the plan will begin to reimburse for covered services. (Children 12 and under excluded)

<table>
<thead>
<tr>
<th></th>
<th>$25 per person</th>
<th>$75 per person</th>
<th>$75 per person</th>
</tr>
</thead>
</table>

**Preventative & diagnostic services**

0% coinsurance and no deductible

<table>
<thead>
<tr>
<th></th>
<th>0% coinsurance and no deductible</th>
<th>0% coinsurance and no deductible</th>
</tr>
</thead>
</table>

**Basic services**

Basic Dental Services

Includes fillings, endodontics (root canal), periodontics (gum disease) and oral surgery (extractions). Refer to each plan’s summary for further details. (Children 12 and under excluded)

<table>
<thead>
<tr>
<th></th>
<th>20-25% coinsurance</th>
<th>40-50% coinsurance</th>
<th>40-50% coinsurance</th>
</tr>
</thead>
</table>

**Non-Participating***

### Deductible

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<th>40-50% coinsurance</th>
<th>40-50% coinsurance</th>
</tr>
</thead>
</table>

**Non-Participating***
**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]

<table>
<thead>
<tr>
<th></th>
<th>25% coinsurance</th>
<th>60% coinsurance</th>
<th>60% coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40% coinsurance after deductible</td>
<td>60% coinsurance after deductible</td>
<td>60% coinsurance after deductible</td>
</tr>
</tbody>
</table>

* Combination of in and out-of-networkOut-of-NetworkNon-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 - 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/choice-1

Links
[1] https://www.cu.edu/employee-services/choice-1
[9] https://www.cu.edu/docs/right-start-4-kids-information
[12] https://www.cu.edu/es-benefits-glossary/basic-dental-services