Under this Delta Dental plan, you may see any dentist. However, your out-of-pocket 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. A treatment that aligns a person’s teeth, which may include the use of braces.

Plan details

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

Find a dentist
<table>
<thead>
<tr>
<th>Plan type</th>
<th>PPO Provider Network</th>
<th>Preferred Provider Organization (PPO)</th>
<th>Premier Provider NetworkPremier Delta Dental ProviderA non-PPO provider that has negotiated a higher fee allowance. You will pay more out-of-pocket expenses. <strong>[1]</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan-year benefit</td>
<td>$2,500*</td>
<td>$2,500*</td>
<td>$2,500*</td>
</tr>
<tr>
<td>Deductible</td>
<td><strong>Deductible</strong></td>
<td><strong>Deductible</strong></td>
<td><strong>Deductible</strong></td>
</tr>
<tr>
<td>An amount that you are required to pay before the plan will begin to reimburse for covered services. <strong>[4]</strong> (Children 12 and under excluded)</td>
<td>$25 per person</td>
<td>$75 per person</td>
<td>$75 per person</td>
</tr>
<tr>
<td>Preventative &amp; diagnostic services</td>
<td>0% coinsurance and no deductible</td>
<td>0% coinsurance and no deductible</td>
<td>0% coinsurance and no deductible</td>
</tr>
<tr>
<td>Basic services</td>
<td>Basic Dental ServicesIncludes fillings, endodontics (root canal), periodontics (gum disease) and oral surgery (extractions). Refer to each plan’s summary for further details. <strong>[12]</strong></td>
<td>20-25% coinsurance</td>
<td>40-50% coinsurance</td>
</tr>
<tr>
<td>Major services</td>
<td>25% coinsurance</td>
<td>60% coinsurance</td>
<td>60% coinsurance</td>
</tr>
</tbody>
</table>
Orthodontics
Orthodontic
Coverage
A treatment that aligns a person's teeth, which may include the use of braces. [6]

40% coinsurance after deductible
60% coinsurance after deductible
60% coinsurance after deductible

* Combination of in and 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. [13] 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 - SS Non-Medicare
ES: Benefits & Wellness - IWT SS Non-Medicare Eligible Dental
ES: Benefits & Wellness - Contact

Source URL: https://www.cu.edu/employee-services/choice-2

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