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Choice [1]

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. [2] list.

Once you meet the deductible, you'll be responsible for a percentage of your covered costs, known as coinsuranceCoinsuranceThe 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%. [3]. Adults age 19 or older are eligible for the orthodontic benefitOrthodontic CoverageA treatment that aligns a person's teeth, which may include the use of braces. [4] with this plan.

Plan details

- CU Health Plan - Choice Dental Benefits Coverage Summary [5] (1 page)
- CU Health Plan - Choice Dental Full Benefits Booklet [6] (19 pages)
- Right Start 4 Kids Program [7] (1 page)

Find a Dentist [8]

Delta Dental microsite [9]

Features & Considerations

Plan type	PPO Provider Network	Premier Provider Network**	Non-Participating***
Plan-year benefit	$2,500*	$2,500*	$2,500*
Deductible (Children under 13 excluded)	$25 per person	$75 per person	$75 per person

Preventive & Diagnostic Services	0% coinsurance and no deductible	0% coinsurance and no deductible	The non-participating percentage of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the different between the non-participating Maximum Plan Allowance and the full fee charged by the dentists.
Basic Services	20-25% coinsurance	40-50% coinsurance	40-50% coinsurance***
Major Services	25% coinsurance	60% coinsurance	60% coinsurance***
Orthodontics	40% coinsurance after deductible	60% coinsurance after deductible	60% coinsurance after deductible***

*Combination of in and out-of-network 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
[1] https://www.cu.edu/employee-services/choice-2 [2] https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo [3] https://www.cu.edu/es-benefits-glossary/coinsurance [4] https://www.cu.edu/es-benefits-glossary/orthodontic-coverage [5] https://www.cu.edu/docs/cu-health-plan-choice-dental-benefits-summary [6] https://www.cu.edu/docs/cu-health-plan-choice-dental-benefits-booklet [7] https://www.cu.edu/docs/right-start-4-kids-information [8] http://www.deltadentalco.com/dentist-search.html [9] http://www.deltadentalco.com/members/resources/CU-health.html