# Premier [1]

## CU Health Plan - Premier Dental is only available to Medicare-eligible participants and gives members access to the Delta Preferred Provider Option (PPO) and Premier networksNetworkThe facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [2].

You can choose from any dentist, but your out-of-pocket costs are typically lower with 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] networkNetworkThe facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [2] providersProviderAn individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. [4].

Once you meet your $25 per person plan deductibleDeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [5], you will only be responsible for a percentage of your covered care costs (aka coinsuranceCoinsurance 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%. [6]) up to the plan maximum benefit of $1,250 per plan year.

### Plan details

- CU Health Plan - Premier Dental Benefits Coverage Summary [7] (1 page)
- CU Health Plan - Premier Dental Full Benefits Booklet [8] (18 pages)
- Right Start 4 Kids Program [9] (1 page)

### Find a Dentist [10]

#### Features & considerations

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| **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 cost-sharing with deductibles, copays and/or coinsurance. [3] |
| **Plan-year benefit** | $1,250 per person |
| **DeductibleDeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [5]** **(Children under 13 excluded)** | $25 per person |
| **PreventivePreventive Care - Medical A 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. [11] & diagnostic services** | 0% coinsuranceCoinsurance 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%. [6] for PPO network dentists or 20% coinsurance for Premier network dentists.<br><br>No deductibleDeductible An amount that you are required to pay before the plan will begin to reimburse for covered services. [5] applies. |

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| **Basic services** | 50% coinsurance payment CoinsuranceThe 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%. [6] |
| **Major services** | 50% coinsurance payment CoinsuranceThe 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%. [6] |

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Employee Services

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