The information provided in this section refers to dental coverage in general and is designed for all audiences. For specific information on CU dental plans for benefits-eligible employees, follow the link at the bottom of this page.

- How it works
- What it covers
- Should I purchase dental coverage?

Many people don't know that dental insurance works a little differently than health insurance.

With health insurance, you are responsible for paying for covered services until your deductible is met. Then, your full coverage starts (with copays or coinsurance as your responsibility).

With dental insurance, you receive a certain amount of coverage, and when it's exhausted, you are responsible for paying for the rest of your dental services.

- Typically, plans will cover preventive and diagnostic services at 100 percent (e.g., two cleanings per year, plus one set of X-rays).
- For basic services like fillings, root canals and extractions, you'll usually pay a copay or coinsurance rate.
- Major services like crowns, bridges and dentures have higher copays or higher coinsurance rates than basic services.
Some plans also include coverage for orthodontics (e.g., braces), with separate benefit maximums and copays/coinsurance for these services.

Your plan will specify its maximum benefit. Once the insurance company has paid out that amount, you'll be responsible for the remainder of your services.

Different experts will give different opinions on whether to purchase dental insurance. **The bottom line: it depends on your situation.**

Here are some questions to ask yourself to help you decide:

**How do the annual premiums compare to the cost of routine preventive care?**

It is common for each person to need two routine cleanings per year, plus annual X-rays.

While your plan (or employer) will tell you the annual premium cost, you'll have to do outside work to find the cost of preventative care to make your comparison. Fortunately, it is fairly simple to determine the cost of a cleaning and X-rays. Just call your dentist's office (or several offices) and ask what the self-pay rate is (i.e., no insurance) for those services. Some may even post the pricing information on their websites.

**How likely is it that I'll need basic or major services (or orthodontics?)**

Just about everyone has a cavity now and then. Look up the copay or coinsurance rate for this service so you know exactly what your share would be. You can also call your dentist's office to ask what the self-pay rate is and compare this to the plan's copay/coinsurance.

As we age, we often need major dental services, so that is another factor to consider.
If you have children, you'll want to look carefully at the orthodontics coverage and its copays/coinsurance.

Is my dentist in the plan’s network?

Plans will typically offer online tools that let you search to find participating dentists. It's important to note that some plans update their networks monthly, while some will set the network for the entire plan year. Some networks are subject to change without notice. This means the dentist you initially choose may or may not be participating in the plan as the year goes on, so you should check before each office visit.

Dental Coverage for CU Benefits-Eligible Employees

Click the box below:

CURRENT CU PLANS

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