This Delta Dental plan grants access to providers an individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. only within the Delta Preferred Provider Option (PPO) network. 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. Your PPO network is available in Colorado and throughout the United States. Essential Plan members must see a PPO provider provider network is available in Colorado and throughout the United States. Essential Plan members must see a PPO provider 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. Coverage will not be offered for providers outside of the network. Once you meet the $25 per person plan deductible, you’ll be responsible for a percentage of your covered care 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%.

Plan Details

- CU Health Plan - Essential Dental Benefits Coverage Summary (1 page)
- CU Health Plan - Essential Dental Full Benefits Booklet (21 pages)
- Right Start 4 Kids Program (1 page)

Find a dentist

Features and considerations

<table>
<thead>
<tr>
<th>Plan type</th>
<th>PPO Provider NetworkPreferred 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan-year benefit</td>
<td>$2,000 per person</td>
</tr>
</tbody>
</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)

$25 per person Preventative & diagnostic services 0% coinsurance & no deductible

Basic services

Includes fillings, endodontics (root canal), periodontics (gum disease) and oral surgery (extractions). Refer to each plan’s summary for further details. [11]

Major services 50% coinsurance payment

Orthodontics

Orthodontic Coverage
A treatment that aligns a person’s teeth, which may include the use of braces. [12] (for children under age 19)

Orthodontics

Orthodontic Coverage
A treatment that aligns a person’s teeth, which may include the use of braces. [12] for adults (19 and older)

50% coinsurance payment

Not covered