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 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. Your PPO network The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services 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 An amount that you are required to pay before the plan will begin to reimburse for covered services, 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 (20 pages)
- Right Start 4 Kids Program (1 page)

Find a dentist

Delta Dental microsite

Features and considerations

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.
Plan-Year Benefit

Deductible

$2,000 per person

An amount that you are required to pay before the plan will begin to reimburse for covered services. [5]

$25 per person

(Children 12 and under excluded)

Preventative & diagnostic services

0% coinsurance & no deductible

Basic services

Basic Dental Services

Includes fillings, endodontics (root canal), periodontics (gum disease) and oral surgery (extractions).

Refer to each plan’s summary for further details. [12]

Major services

50% coinsurance payment

Orthodontics

Orthodontic Coverage

A treatment that aligns a person’s teeth, which may include the use of braces. [13]

(for children under age 19)

50% coinsurance payment

Orthodontics

Orthodontic Coverage

A treatment that aligns a person’s teeth, which may include the use of braces. [13]

(for adults (19 and older)

Not covered