

## **Choice** <sup>[1]</sup>

### **2026–27 plan year information**

This page provides details about the **2026–27 benefits plan year**. For plan year 2025–26 (ending June 30, 2026) information, visit the [Benefits & Wellness page](#) <sup>[2]</sup>.

### **Under this 2026–27 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. <sup>[3]</sup> list.

Once you meet the deductible, you'll be responsible for a percentage of your covered costs, known as [coinsurance](#)[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%. <sup>[4]</sup>. Adults age 19 or older are eligible for the [orthodontic benefit](#)[Orthodontic Coverage](#)A treatment that aligns a person's teeth, which may include the use of braces. <sup>[5]</sup> with this plan.

### **Plan details**

- [CU Health Plan - Choice Dental Benefits Coverage Summary](#) <sup>[6]</sup> (1 page)
- [CU Health Plan - Choice Dental Full Benefits Booklet](#) <sup>[7]</sup> (19 pages)
- [Right Start 4 Kids Program](#) <sup>[8]</sup> (1 page)

### **Find a Dentist** <sup>[9]</sup>

### **Delta Dental microsite** <sup>[10]</sup>

### **Features & Considerations**

<b>Plan type</b>	<b>PPO Provider Network</b>	<b>Premier Provider Network**</b>	<b>Non-Participating***</b>
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<b>Plan-year benefit</b>	\$2,500*	\$2,500*	\$2,500*
<b>Deductible (Children under 13 excluded)</b>	\$25 per person	\$75 per person	\$75 per person
<b>Preventive &amp; Diagnostic Services</b>	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 difference between the non-participating Maximum Plan Allowance and the full fee charged by the dentists.
<b>Basic Services</b>	20-25% coinsurance	40-50% coinsurance	40-50% coinsurance***
<b>Major Services</b>	25% coinsurance	60% coinsurance	60% coinsurance***
<b>Orthodontics</b>	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 - OE Enrollment Tool

ES: Benefits & Wellness - OE Vendor Fair

**Source URL:**<https://www.cu.edu/employee-services/open-enrollment/current-employees/dental-plans/choice>

**Links**

[1] <https://www.cu.edu/employee-services/open-enrollment/current-employees/dental-plans/choice>

[2] <https://www.cu.edu/employee-services/benefits-wellness> [3] <https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo>

[4] <https://www.cu.edu/es-benefits-glossary/coinsurance>

[5] <https://www.cu.edu/es-benefits-glossary/orthodontic-coverage>

[6] <https://www.cu.edu/docs/cu-health-plan-choice-dental-benefits-summary> [7]  
<https://www.cu.edu/docs/cu-health-plan-choice-dental-benefits-booklet> [8] <https://www.cu.edu/docs/right-start-4-kids-information> [9] <http://www.deltadentalco.com/dentist-search.html>  
[10] <http://www.deltadentalco.com/members/resources/CU-health.html>