

## **Essential** <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>.

**This 2026–27 Delta Dental plan gives you access to providers**  
**Provider**An individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. <sup>[3]</sup> **within the Delta 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>[4]</sup> **network**  
**Network**The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services <sup>[5]</sup> **in Colorado and throughout the United States.**

Essential Plan members **must see a PPO provider**  
**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>[4]</sup>. Coverage will not be offered for **providers**  
**Provider**An individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. <sup>[3]</sup> **outside of the network.**  
**Network**The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services <sup>[5]</sup> Once you meet the \$25 per person plan deductible  
**Deductible**An amount that you are required to pay before the plan will begin to reimburse for covered services. <sup>[6]</sup>, you'll be responsible for a percentage of your covered care 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>[7]</sup>

## Plan details

- [CU Health Plan - Essential Dental Benefits Coverage Summary](#) [8] (1 page)
- [CU Health Plan - Essential Dental Full Benefits Booklet](#) [9] (20 pages)
- [Right Start 4 Kids Program](#) [10] (1 page)

## [Find a Dentist](#) [11]

## [Delta Dental microsite](#) [12]

### Features & Considerations

Employee Services

Plan Type

Right Sidebar:

ES: Benefits & Wellness - OE Enrollment Tool

ES: Benefits & Wellness - OE Vendor Fair

PPO Provider Network

Plan Year Benefit

\$2,000 per person

Deductible (Children under 13

excluded)

\$25 per person

Preventive & Diagnostic Services

0% coinsurance & non deductible

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

[2] <https://www.cu.edu/employee-services/benefits-wellness/oe/enrollment>

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

[4] <https://www.cu.edu/es-benefits-glossary/network> [6] <https://www.cu.edu/es-benefits-glossary/deductible>

[7] <https://www.cu.edu/es-benefits-glossary/coinsurance> [8] <https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-summary> [9] <https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-booklet> [10] <https://www.cu.edu/docs/right-start-4-kids-information> [11]

[11] <https://www.deltadentalco.com/dentist-search.html> [12]

[12] <https://www.deltadentalco.com/dentist-search.html>

Orthodontics (for children under age 19)

50% coinsurance payment

Orthodontics for adults (19 and older)

Not covered