

Essential ^[1]

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](#) ^[2].

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.** ^[3] **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.** ^[4] **network**
Network**The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services** ^[5] **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. ^[4]. 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.** ^[3] **outside of the network**.
Network**The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services** ^[5] 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.** ^[6], 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%.** ^[7]

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

\$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/non-medicare-eligible-surviving-](https://www.cu.edu/employee-services/open-enrollment/non-medicare-eligible-surviving-spouse-renewal)

<https://www.cu.edu/employee-services/benefits/wellness> [2] <https://www.cu.edu/es-benefits-glossary/provider> [4] <https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo>

[5] <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-](https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-summary)

[https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-](https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-booklet)

[booklet](https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-booklet) [10] <https://www.cu.edu/docs/right-start-4-kids-information> [11]

<https://www.cu.edu/docs/right-start-4-kids-information> [11]

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

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

Orthodontics for adults (19 and older)

Not covered