# Choice [1]

Under this Delta Dental plan, you may see any dentist. However, your out-of-pocket costs are lower when you use a dentist on Delta's <u>Preferred Provider Option (PPO)Preferred Provider Organization (PPO)A</u> 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. [2] list.

Once you meet the deductible, you'll be responsible for a percentage of your covered costs, known as coinsuranceCoinsuranceThe 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%.

[3]. Adults age 19 or older are eligible for the orthodontic benefitOrthodontic CoverageA treatment that aligns a person's teeth, which may include the use of braces. [4] with this plan.

### Plan details

- CU Health Plan Choice Dental Benefits Coverage Summary [5] (1 page)
- CU Health Plan Choice Dental Full Benefits Booklet [6] (19 pages)
- Right Start 4 Kids Program [7] (1 page)

## Find a Dentist [8]

| Features and Considerations             |                                  |                                                                                                                                                                        |                                  |  |
|-----------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|
| Plan Type                               | PPO Provider<br>Network          | Premier Provider Premier Delta Dental Provider A non-PPO provider that has negotiated a higher fee allowance. You will pay more out- of-pocket expenses. [9] Network** | Non-<br>Participating***         |  |
| Plan Year Benefit                       | \$2,500*                         | \$2,500*                                                                                                                                                               | \$2,500*                         |  |
| Deductible (Children under 13 exlcuded) | \$25 per person                  | \$75 per peson                                                                                                                                                         | \$75 per person                  |  |
| Preventative & Diagnostic Services      | 0% coinsurance and no deductible | 0% coinsurance and no deductible                                                                                                                                       | 0% coinsurance and no deductible |  |

| Basic ServicesBasic Dental ServicesIncludes fillings, endodontics (root canal), periodontics (gum disease) and oral surgery (extractions). Refer to each plan's summary for further details. [10] | 20-25%<br>coinsurance            | 40-50% coinsurance                                                      | 40-50% coinsurance               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------|----------------------------------|
| Major ServicesMajor Dental ServicesIncludes crowns, bridges, partials, dentures, implants. Refer to each plan's summary for further details. [11]                                                 | 25% coinsurance                  | 60% coinsurance                                                         | 60% coinsurance                  |
| OrthodonticsOrthodontic CoverageA treatment that aligns a person's teeth, which may include the use of braces. [4]                                                                                | 40% coinsurance after deductible | 60% coinsurance after deductible                                        | 60% coinsurance after deductible |
|                                                                                                                                                                                                   |                                  | *** The non-participating percentage of benefits is limited to the non- |                                  |

<sup>\*</sup> Combination of in and out-of-network services.

\*\* The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance.

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 Resources

ES: Benefits & Wellness - OE Vendor Fair

**Source URL:** <a href="https://www.cu.edu/employee-services/open-enrollment/retirees/401a-non-medicare-eligible-retirees/choice">https://www.cu.edu/employee-services/open-enrollment/retirees/401a-non-medicare-eligible-retirees/choice</a>

### Links

[1] https://www.cu.edu/employee-services/open-enrollment/retirees/401a-non-medicare-eligible-retirees/choice [2] https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo [3] https://www.cu.edu/es-benefits-glossary/coinsurance [4] https://www.cu.edu/es-benefits-glossary/orthodontic-coverage [5] https://www.cu.edu/docs/cu-health-plan-choice-dental-benefits-booklet [7] https://www.cu.edu/docs/right-start-4-kids-information [8] http://www.deltadentalco.com/dentist-search.html [9] https://www.cu.edu/es-benefits-glossary/premier-delta-dental-provider [10] https://www.cu.edu/es-benefits-glossary/major-dental-services