

Choice ^[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].

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. ^[3] [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%. ^[4] 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.](#) ^[5] with this plan.

Plan details

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

Find a Dentist ^[9]

Delta Dental microsite ^[10]

Features & Considerations

Plan type	PPO Provider Network	Premier Provider Network**	Non-Participating***
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Plan-year benefit	\$2,500*	\$2,500*	\$2,500*
Deductible (Children under 13 excluded)	\$25 per person	\$75 per person	\$75 per person
Preventive & Diagnostic Services	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.
Basic Services	20-25% coinsurance	40-50% coinsurance	40-50% coinsurance***
Major Services	25% coinsurance	60% coinsurance	60% coinsurance***
Orthodontics	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 Resources

ES: Benefits & Wellness - OE Vendor Fair

Source URL:<https://www.cu.edu/employee-services/open-enrollment/retirees/pera-non-medicare-eligible-retirees/choice>

Links

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[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>