

## **Essential** <sup>[1]</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>[2]</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>[3]</sup> **network**  
**Network**The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services <sup>[4]</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>[3]</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>[2]</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>[4]</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>[5]</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>[6]</sup>

### **Plan details**

- [CU Health Plan - Essential Dental Benefits Coverage Summary](#) <sup>[7]</sup> (1 page)

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

**[Find a Dentist](#)** [10]

**[Delta Dental microsite](#)** [11]

**Groups and Considerations**

Employee Services

**Plan Type**

Right Sidebar:

ES: Benefits & Wellness - OE Enrollment Tool

ES: Benefits & Wellness - OE Resources

ES: Benefits & Wellness - OE Deductible Fair

PPO Provider Network

\$2,000 per person

\$25 per person

**Preventive & Diagnostic Services** 0% coinsurance & non deductible

**Links**

<https://www.cu.edu/employee-services/open-enrollment/retirees/pera-non-medicare-eligible-retirees/essential> [1] <https://www.cu.edu/es-benefits-glossary/provider> [3] <https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo> [4] <https://www.cu.edu/es-benefits-glossary/network> [5] <https://www.cu.edu/es-benefits-glossary/deductible> [6] <https://www.cu.edu/es-benefits-glossary/coinsurance> [7] <https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-summary> [8] <https://www.cu.edu/docs/right-start-4-kids-information> [9] <https://www.deltadentalco.com/dentist-search> [10] <https://www.cu.edu/employee-services/open-enrollment/retirees/pera-non-medicare-eligible-retirees/essential> [11]

**Basic Services**

30% coinsurance payment

**Major Services**

50% coinsurance payment

**Orthodontics (for children under age 19)**

50% coinsurance payment

**Orthodontics for adults (19 and older)**

Not covered