



**CU Health Plan**  
**Dental Plan Comparison**

**DELTA DENTAL OF COLORADO'S PROVIDER NETWORKS**

The Delta Dental PPO<sup>SM</sup> network gives members access to 2,100 Delta Dental dentists at substantially discounted fees. Our Delta Dental Premier<sup>®</sup> network boasts even more selection with an additional 1,200+ participating providers who also offer reduced fees — though not as deep as PPO. Combined, our network includes nearly 92% of Colorado dentists!

**Choose an EPO or a PPO plan:**

**▶ EXCLUSIVE PANEL OPTION**

The **Exclusive Panel Option (EPO)** a feature of Delta Dental PPO may be a great choice for you if you're looking for an affordable plan with predictable out-of-pocket costs. Because **coverage is provided only when you visit a Colorado Delta Dental PPO dentist**, this plan is an excellent option if you don't have an established relationship with a dentist or are already seeing a dentist in our PPO network. This plan also features enhanced orthodontia benefits and no deductible.

**▶ PPO OPTION**

The **Delta Dental PPO plan** offers convenience, flexibility, and choice with coverage provided when you visit a Delta Dental PPO, Premier, or out-of-network dentist. You'll see the most savings when you visit a PPO dentist, but you'll still be covered if you have an established relationship with and wish to continue using a dentist who is part of our Premier network or who is not a part of the Delta Dental network. Additionally, the PPO plan has an added benefit of implant coverage.

	EPO	Delta Dental PPO		
	PPO dentist ONLY	PPO dentist	Premier dentist	Out-of-network dentist
<b>Provider Selection</b>	<ul style="list-style-type: none"> <li>Dentist agrees to accept scheduled fees</li> <li>Claim forms are filed by the dental office</li> </ul>	<ul style="list-style-type: none"> <li>Dentist agrees to accept scheduled fees</li> <li>Claim forms are filed by dental office</li> </ul>	<ul style="list-style-type: none"> <li>Dentist agrees to accept scheduled fees</li> <li>Claim forms are filed by dental office</li> </ul>	<ul style="list-style-type: none"> <li>Benefits are based on Delta Dental's allowable charges</li> <li>You pay any excess charges above Delta Dental's allowable charges</li> <li>You are responsible for filing claims</li> </ul>
<b>Plan-Year Deductible</b>	None	\$50 per member per plan year	\$75 per member per plan year	\$75 per member per plan year
		<i>Deductible does not apply to diagnostic, preventive, or orthodontic services.</i>		
<b>Plan-Year Maximum</b>	\$2,000 per person	\$2,000 per person		

	EPO	Delta Dental PPO		
	PPO dentist	PPO dentist	Premier dentist	Out-of-network dentist
<b>Preventive and Diagnostic</b> <i>Cleanings, fluoride, sealants, X-rays, oral examinations, etc.</i>	You pay (your copay): \$0 for initial/periodic oral exam <i>Receive up to two free cleanings per plan year</i>	You pay: \$0 <i>Receive up to two free cleanings per plan year</i>	You pay: \$0 <i>Receive up to two free cleanings per plan year</i>	You pay: Any amount above Delta Dental's allowable charges
<b>Basic Restorative</b> <i>Fillings</i>	You pay (your copay): \$32–97, depending on procedure	You pay: 20% of procedure cost after your deductible is met	You pay: 40% of procedure cost after your deductible is met	You pay: 40% of allowable charges after your deductible is met
<b>Endodontics</b> <i>Root canal therapy</i>	You pay (your copay): \$223–\$373, depending on procedure	You pay: 30% of procedure cost after your deductible is met	You pay: 50% of procedure cost after your deductible is met	You pay: 50% of allowable charges after your deductible is met
<b>Periodontics</b> <i>Treatment of the gums</i>	You pay (your copay): \$117–\$334, depending on procedure	You pay: 30% of procedure cost after your deductible is met	You pay: 50% of procedure cost after your deductible is met	You pay: 50% of allowable charges after your deductible is met
<b>Oral Surgery</b> <i>Extractions</i>	You pay (your copay): \$39–\$151, depending on procedure	You pay: 30% of procedure cost after your deductible is met	You pay: 50% of procedure cost after your deductible is met	You pay: 50% of allowable charges after your deductible is met
<b>Prosthodontics</b> <i>Crowns, bridges, dentures</i>	You pay (your co-pay): \$22–\$569, depending on procedure	You pay: 50% of procedure cost after your deductible is met	You pay: 60% of procedure cost after your deductible is met	You pay: 60% of allowable charges after your deductible is met
<b>Implants</b> <i>As part of a major restoration</i>	Not a covered benefit	You pay: 50% of procedure cost after your deductible is met	You pay: 60% of procedure cost after your deductible is met	You pay: 60% of allowable charges after your deductible is met
<b>Orthodontics</b>	You pay (your copay): \$668–\$2,200, depending on procedure* <i>\$4,000 lifetime limit per person. Includes employee, spouse &amp; children (through end of month in which the child turns 27.)</i>	You pay: 50% of procedure cost	You pay: 60% of procedure cost	You pay: 60% of allowable charges
		<i>\$1,500 lifetime limit per child age 19 and younger. For children only.</i>		
<b>Emergency Services</b>	You pay (your copay): \$31	Coverage amount is dependent on procedure	Coverage amount is dependent on procedure	Coverage amount is dependent on procedure

*\*Please note that if you are in the middle of orthodontic treatment and your dentist is not a PPO provider, your treatment will not be covered under the EPO Plan.*