

# Essential <sup>[1]</sup>

This Delta Dental plan grants access to providersProviderAn individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. <sup>[2]</sup> only within the Delta Preferred Provider Option (PPO) networkPreferred 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>. Your PPO networkNetworkThe facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services <sup>[4]</sup> is available in Colorado and throughout the United States. Essential Plan members **must see a PPO providerPreferred 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 providersProviderAn 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.NetworkThe 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 deductibleDeductibleAn 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.CoinsuranceThe 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](#) <sup>[8]</sup>(20 pages)
- [Right Start 4 Kids Program](#) <sup>[9]</sup> (1 page)

## [Find a dentist](#) <sup>[10]</sup>

## [Delta Dental microsite](#) <sup>[11]</sup>

Features and considerations

Plan type

PPO Provider NetworkPreferred 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>

**Groups audience:** **Plan year benefit** \$2,000 per person

Employee Services

**Deductible** **Deductible**

**Right Sidebar:** **An amount that you** Current Employee Sidebar

ES: Benefits & Wellness **are required to pay** Contact

ES: Benefits & Wellness **before the plan will**

**Source URL:** [https://www.cu.edu/employee-services/benefits-wellness/current-employee/dental-](https://www.cu.edu/employee-services/benefits-wellness/current-employee/dental-plans/essential) \$25 per person

[plans/essential](https://www.cu.edu/employee-services/benefits-wellness/current-employee/dental-plans/essential) **begin to reimburse for**

**covered services.** [5]

**Links** **(Children 12 and**

**under excluded)** [1] <https://www.cu.edu/employee-services/benefits-wellness/current-employee/dental-plans/essential>

[2] <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/coinsurance>

**Preventative &** **www.cu.edu/es-benefits-glossary/**

**diagnostic services** [6] <https://www.cu.edu/es-benefits-glossary/coinsurance>

[7] <https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-summary> [8]

**Basic Services** <https://www.cu.edu/docs/cu-health-plan-essential-dental-benefits-booklet> [9]

**Dental Services** <https://www.cu.edu/docs/right-start-4-kids-information> [10] <https://www.deltadentalco.com/dentist-search.html> [11] <http://www.deltadentalco.com/members/resources/CU-health.html> [12]

**Includes fillings**

**endodontics (root** <https://www.cu.edu/es-benefits-glossary/basic-dental-services> [13] <https://www.cu.edu/es-benefits-glossary/orthodontic-coverage>

**canal) periodontics**

**(gum disease) and oral** 30% coinsurance payment

**surgery (extractions).**

**Refer to each plan's**

**summary for further**

**details.** [12]

**Major services**

50% coinsurance payment

**Orthodontics**

**Orthodontic Coverage**

**A treatment that aligns**

**a person's teeth,**

**which may include the**

**use of braces.** [13]

50% coinsurance payment

**(for children under age**

**19)**

**Orthodontics**

**Orthodontic Coverage**

**A treatment that aligns**

**a person's teeth,**

**which may include the**

**use of braces.** [13]

**for adults (19 and older)**

Not covered