Health Plan | DELTA DENTAL

CU Health Plan – Essential Dental

Delta Dental PPO℠ Network Only

Plan Year 7/1/2025 – 6/30/2026

PLAN YEAR MAXIMUM BENEFIT	$2,000 per person – Services must be received by a PPO dentist.
ORTHODONTIC LIFETIME MAXIMUM Children to age 19	$2,000 per person – Treatment must be received by a PPO dentist. Orthodontia benefits already paid under either option will be applied under this plan's lifetime maximum.
PLAN YEAR DEDUCTIBLE Applies to Basic and Major Services	**Per Person Deductible**: $25 There is no family deductible limit. Deductible will not be taken on services for children to age 13.

PPO MEMBER COST Services are not covered outside the PPO network.	COVERED SERVICES	BENEFIT INFORMATION (Subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES - Preventive and Diagnostic services do not apply to Plan Year Maximum		
0%	Oral Evaluation	Limited to 2 evaluations in a plan year.
	Bitewing X-rays	Limited to 1 set in a plan year.
	Full Mouth or Panoramic X-rays	Limited to 1 in a 60-month period.
	Routine Cleaning	Limited to 4 cleanings in a plan year.
	Fluoride Treatments	Limited to 2 treatments in a plan year, for adults and children.
	Space Maintainers	For premature loss of baby back teeth only under age 14.
	Sealants	1 per tooth in 36 months under age 15 on unrestored permanent molars.
BASIC SERVICES - Fillings, Endodontics (Root Canal), Periodontics (Gum Disease), and Oral Surgery (Extractions)		
30%	Amalgam, Resin and Composite Fillings	Benefit on the same surface limited to 1 in 12 months on posterior teeth.
	Oral Surgery (Extractions)	
	General Anesthesia	Benefit with covered oral surgery only.
	Surgical Periodontal (gums)	Benefit once per quadrant every 36 months.
	Root Canal Therapy	Benefit once per tooth.
MAJOR SERVICES - **Crowns, Bridges, Partials, Dentures, Implants**		
50%	Crowns	Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12.
	Dentures, Partials, Bridges	Benefit 1 in 60 months. Not a benefit under age 16.
	Bridge/Denture Repair	Benefit after 6 months from insertion.
	Denture Rebase/Reline	Benefit 6 months after initial insertion then benefit 1 in 36 months.
	Implants	Benefit 1 per tooth in 60 months on the same tooth. Not covered under age 16.
ORTHODONTICS - **Braces For Children to age 19 only**		
50%	Complete orthodontic evaluation	
	Active orthodontic treatment	

The PPO percentage of benefits is based on the PPO Schedule of Allowances.

Right Start 4 Kids: Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics is not covered at 100% but at the plan's listed coinsurance.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services that are limited or excluded from coverage. Your employee benefit booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this summary of benefits and your employee benefit booklet, the benefit booklet will govern.