

Dental Plan Comparison



COMPREHENSIVE COVERAGE AND CHOICE

CU Health Plan has created two dental plans for you to choose from: the **Essential Dental Plan** and the **Choice Dental Plan**. Both plans cover preventive services like cleanings and exams at 100%*, but with the Choice Plan you'll pay less out of pocket for major services when you see a PPO™ provider and have the ability to choose a provider from more than 3,700 in our Delta Dental PPO and Premier® networks. Combined, our network includes nearly 92% of providers in Colorado!

▶ ESSENTIAL DENTAL PLAN—DELTA DENTAL PPO NETWORK

The Essential Dental Plan may be a great choice for you if you're looking for an affordable plan that gives you comprehensive coverage. **Because coverage is provided only when you visit a 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. The Essential Dental Plan features orthodontia services for children only.

▶ CHOICE DENTAL PLAN—DELTA DENTAL PPO AND PREMIER NETWORKS

The Choice Dental 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 Choice Dental Plan offers orthodontia services for children and adults.

ADDITIONAL BENEFITS

Both plan options have features that will help your dental benefits dollars go further...and have you smiling even wider!

- Our **Right Start 4 Kids®** benefit pays 100% for children (up to the day they turn 13) for all classes of service covered by the plan up to the annual maximum with no deductible (excludes ortho).* That means you can take your child to the dentist at no cost, which gives them a good start to a lifetime of healthy smiles! All services must be delivered by an in-network provider or the service will not be covered by the plan.
- With **Prevention First**, your diagnostic and preventive visits will not count against your annual maximum. Not only will your dental benefits go farther, but good preventive care can help you avoid potentially painful and costly restorative treatments down the road. In order to get this benefit, you must see a Delta Dental provider for all services, not just preventive.

* Subject to frequency limitations

For more information on plan benefits, visit becolorado.org.

| | Essential | Choice | Choice | Choice |
|----------------------|---|---|---|---|
| | PPO Provider ONLY | PPO Provider | Premier Provider | Out-of-network Provider |
| Provider Selection | <ul style="list-style-type: none"> Dentist agrees to accept scheduled fees. Claim forms are filed by the dental office. | <ul style="list-style-type: none"> Dentist agrees to accept scheduled fees. Claim forms are filed by dental office. | <ul style="list-style-type: none"> Dentist agrees to accept scheduled fees. Claim forms are filed by dental office. | <ul style="list-style-type: none"> Benefits are based on Delta Dental's allowable charges. You pay excess charges above what Delta Dental allows. You file claims. |
| Plan-Year Deductible | \$25 per member per plan year | \$25 per member per plan year | \$75 per member per plan year | \$75 per member per plan year |
| Plan-Year Maximum | \$2,000 per person | \$2,500 per person | \$2,500 per person | \$2,500 per person |

Deductible does not apply to Diagnostic & Preventive or Orthodontic services.

| | Essential | Choice | Choice | Choice |
|-------------------------|--|--|--|--|
| Preventive & Diagnostic | PPO Provider ONLY | PPO Provider | Premier Provider | Out-of-network Provider |
| Oral exams | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0** Receive up to four cleanings per plan year |
| Cleanings | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0** Receive up to four cleanings per plan year |
| X-rays | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0** Receive up to four cleanings per plan year |
| Sealants | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0** Receive up to four cleanings per plan year |
| Fluoride | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0 Receive up to four cleanings per plan year | You pay: \$0** Receive up to four cleanings per plan year |
| Basic | PPO Provider ONLY | PPO Provider | Premier Provider | Out-of-network Provider |
| Fillings | You pay: 30% of procedure cost after deductible is met | You pay: 20% of procedure cost after deductible is met | You pay: 40% of procedure cost after deductible is met | You pay: 40%** of procedure cost after deductible is met |

| | Essential | Choice | Choice | Choice |
|---|---|---|---|---|
| Basic | PPO Provider ONLY | PPO Provider | Premier Provider | Out-of-network Provider |
| Oral surgery | You pay: 30% of procedure cost after deductible is met | You pay: 25% of procedure cost after deductible is met | You pay: 50% of procedure cost after deductible is met | You pay: 50%** of procedure cost after deductible is met |
| Endodontics (root canal therapy) | You pay: 30% of procedure cost after deductible is met | You pay: 25% of procedure cost after deductible is met | You pay: 50% of procedure cost after deductible is met | You pay: 50%** of procedure cost after deductible is met |
| Periodontics (gum disease treatment) | You pay: 30% of procedure cost after deductible is met | You pay: 25% of procedure cost after deductible is met | You pay: 50% of procedure cost after deductible is met | You pay: 50%** of procedure cost after deductible is met |
| Major | PPO Provider ONLY | PPO Provider | Premier Provider | Out-of-network Provider |
| Special restorative (crowns, onlays) | You pay: 50% of procedure cost after deductible is met | You pay: 25% of procedure cost after deductible is met | You pay: 60% of procedure cost after deductible is met | You pay: 60%** of procedure cost after deductible is met |
| Prosthodontics (dentures, bridges) | You pay: 50% of procedure cost after deductible is met | You pay: 25% of procedure cost after deductible is met | You pay: 60% of procedure cost after deductible is met | You pay: 60%** of procedure cost after deductible is met |
| Implants | You pay: 50% of procedure cost after deductible is met | You pay: 25% of procedure cost after deductible is met | You pay: 60% of procedure cost after deductible is met | You pay: 60%** of procedure cost after deductible is met |
| Orthodontics | You pay: 50% of procedure cost \$2,000 lifetime limit For children only | You pay: 40% of procedure cost \$4,000 lifetime limit For children only | You pay: 60% of procedure cost \$4,000 lifetime limit For children only | You pay: 60% of procedure cost \$4,000 lifetime limit For children only |

*If you are an adult in the middle of orthodontic treatment, the Essential Dental Plan no longer covers this benefit for adults. You will have to choose the Choice Dental Plan or you will have no coverage.

**If you choose to see an out-of-network provider, you will incur additional out-of-pocket expenses, and you will be billed the total amount the provider charges (called balance-billing).

Important Note: This flyer 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.