

DENTAL Plans

The University offers three dental options through Delta Dental of Colorado—the Base PPO, Enhanced PPO, and Patient Direct Discount Program. The differences between the PPO plans are the calendar year maximum benefit, orthodontia coverage, and out-of-network reimbursements.

Delta Dental Base PPO and Enhanced PPO Plans

The Delta Dental Base PPO and Delta Dental Enhanced PPO plan provide in- and out-of-network benefits. Locate a network provider at www.deltadentalco.com. In-network providers vary by plan as listed below:

- **PPO Network:** You will enjoy the greatest out-of-pocket savings if you stay in the Delta Dental PPO network. Participating dentists file claims directly with Delta Dental and accept Delta Dental’s reimbursement as payment in full. You are only responsible for your deductible and coinsurance (as determined by your plan), as well as any charges for non-covered services up to Delta Dental’s approved amount.
- **Premier Providers:** The Premier percentage of benefits is limited to the contracted allowance for premier providers.
- **Non-Participating Providers:** If you choose to see a non-participating dentist, your dentist may charge more than the Delta Dental discounted fee and you will be responsible for the excess charges (called balance-billing). When you see a PPO or Premier dentist, you are protected from balance-billing.

Delta Dental Patient Direct Discount Program

The Patient Direct Discount Program is a Colorado-only network dental discount program. A fee schedule provides a list of copays (your share of the cost) for most dental procedures. This is a discount fee-for-service program and is not considered insurance. The complete Delta Dental Patient Direct Discount Program copay schedule is posted on the [DU website > Faculty & Staff > Human Resources > Benefits & Compensation](#).

Important: Participants in the Patient Direct Discount Program must designate a dentist from the Patient Direct network to receive the discounted fees on services. Locate a network provider at www.deltadentalco.com.

The table below summarizes the key features of the dental plans. The coinsurance amounts listed reflect what the plans pay.

Summary of Covered Benefits	Delta Dental Base PPO Plan		Delta Dental Enhanced PPO Plan		Delta Dental Patient Direct Discount Program Fee Schedule
	PPO Provider	Premier or Non-Participating Provider	PPO Provider	Premier or Non-Participating Provider	
Calendar Year Deductible Individual/Family	\$50/Up to \$150		\$50/Up to \$150		Routine office visit: \$5 Periodic oral evaluation: No cost Cleaning: \$15 X-rays: \$27
Calendar Year Maximum Benefit	\$1,000 per covered individual		\$1,500 per covered individual		
Preventive Services (Deductible waived)	100%	80%	100%	100%	
Basic Services	80% after ded.	50% after ded.	80% after ded.	80% after ded.	
Major Services	50% after ded.	50% after ded.	50% after ded.	50% after ded.	
Orthodontia (adult and children)	Not covered		50%	50%	
Orthodontic Lifetime Benefit	N/A		\$1,000		

Late-Enrollee Waiting Periods—If you do not enroll in Delta PPO dental coverage when first eligible, and choose to enroll at a subsequent enrollment period, the following waiting periods apply: 6 months for basic services; 12 months for major and orthodontic services. Waiting periods do not apply to preventive care. Please go to the [DU website > Faculty & Staff > Human Resources > Benefits & Compensation](#) for additional information about each plan.

