

# Dental insurance

## For an additional premium, you may enroll in one of the following dental plans.

You must enroll in a dental plan before you can add dependents, and your dependents must be enrolled in the same plan as you.

### Go online

Find a list of providers for the State of Texas Dental Choice Plan<sup>SM</sup> or DeltaCare<sup>®</sup> USA DMHO at **ERSdentalplans.com** or by calling Delta Dental, toll-free, at **(888) 818-7925 (TTY: 711)**, Monday – Friday, 8 a.m. – 7 p.m. CT.



### State of Texas Dental Choice Plan<sup>SM</sup>

The State of Texas Dental Choice Plan is a preferred provider organization (PPO) dental insurance plan. You can see any dentist you want, but you will pay less if you go to a dentist in one of two Delta Dental networks:

- Delta Dental PPO
- Delta Premier

All Delta Dental PPO and Delta Premier dentists are in-network providers. You get the same coverage in either network, but you may pay less for covered services in the Delta Dental PPO network. Delta Premier dentists can charge higher rates for the same covered services.

Benefits are available in the United States. If you receive a covered service in Canada or Mexico, it will be processed as an out-of-network benefit. If you are traveling outside of the U.S., Canada or Mexico and need a covered service on an emergency basis, it will be processed as an out-of-network benefit, reimbursable in U.S. currency.

## DeltaCare<sup>®</sup> USA

### DeltaCare<sup>®</sup> USA dental health maintenance organization

This is a dental health maintenance organization (DHMO) insurance plan.

- Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DeltaCare<sup>®</sup> USA network dentist in your area.
- You must choose a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.
- Services from participating specialty dentists cost 25% less than the dentists' usual charges when specialty care is coordinated by your PCD.

### "Smart" benefits

To keep costs low, active employees who sign up for GBP dental insurance will not get an ID card from the plan, and participating Delta dentists should not require them.

Instead, if you want a card, you can download a digital card to your smartphone through the Delta Dental app. If you don't have a smartphone, you can download and print your information from **ERSdentalplans.com** or call Delta Dental toll-free at **(888) 818-7925 (TTY: 711)** and they will mail a paper copy to you.

**Note:** Covered dependents cannot access the app, and their names are not listed on the card. A dependent can verify coverage with a provider by giving either their name or the GBP member's name and plan ID number.

## Dental plans comparison chart

This chart is a summary of benefits in the two dental insurance plans. It shows your share of costs in each plan for commonly used services. See plan booklets at **ERSdentalplans.com** for actual coverage and limitations. Delta Dental administers both plans. Before starting treatment, discuss the treatment plan and all charges with your dentist.

	State of Texas Dental Choice Plan PPO – In-Network	State of Texas Dental Choice Plan PPO – Out-of-Network	DeltaCare® USA DHMO (Services from participating PCDs only)
<b>Dentists</b>	<b>In-network dentist</b>	<b>Out-of-network dentist</b>	You must select a primary care dentist (PCD).  NOTE: Not all in-network dentists accept new patients. Dentists are not required to stay on the plan for the entire year.
<b>Deductibles</b>	<b>Preventive:</b> Individual-\$0; Family-\$0 <b>Combined Basic/Major:</b> Individual-\$50; Family-\$150 <b>Orthodontic services:</b> no deductible  In State of Texas Dental Choice, deductibles are based on the calendar year and reset on January 1.	<b>Preventive:</b> Individual-\$50; Family-\$150 <b>Combined Basic/Major:</b> Individual-\$100; Family-\$300 <b>Orthodontic services:</b> no deductible	None
<b>Copays / coinsurance</b>	<b>Preventive and Diagnostic Services:</b> none <b>Basic Services:</b> 10% coinsurance after meeting the basic services deductible <b>Major Services:</b> 50% coinsurance after meeting the major services deductible  There is no charge for anything over the allowed amount. After reaching the maximum calendar year benefit, the participant pays 60% until January 1.	<b>Preventive and Diagnostic Services:</b> 10% coinsurance after meeting the preventive and diagnostic deductible <b>Basic Services:</b> 30% coinsurance after meeting the basic services deductible <b>Major Services:</b> 60% coinsurance after meeting the major services deductible  Participants may be required to pay the difference between the allowed amount and billed charges.  Once the maximum calendar year benefit is reached, the participant pays 100% until January 1.	<b>Primary care dentist (PCD):</b> Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. <b>Specialty dentistry:</b> 75% of the dentist’s usual and customary fee when specialty care is coordinated by the PCD (DHMO pays nothing)
<b>Maximum calendar year benefits</b>	\$2,000 per covered individual (includes orthodontic extractions) plus 40% after maximum calendar year benefit is met	Does not apply to orthodontic services provided by out-of-network dentists (plan pays \$0)	Unlimited
<b>Maximum lifetime benefit</b>	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services	Unlimited
<b>Average cost of cleaning / oral exams</b>	Up to two cleaning/oral exams per calendar year allowed	10% of the allowed amount after deductible is met  Up to two cleaning/oral exams per calendar year allowed	Vary according to service and are listed in the “Schedule of Dental Benefits” booklet  Up to two cleaning/oral exams per calendar year allowed
<b>Orthodontic coverage</b>	50% of the allowed amount	50% of the allowed amount  Participants may be required to pay the difference between the allowed amount and billed charges.	<b>Orthodontic services performed by a general dentist listed in the directory with a “0” treatment code:</b> child–\$1,800; adult–\$2,100  <b>Orthodontic services performed by a specialist:</b> 75% of the usual fee (DHMO pays nothing)

### Check the Discount Purchase Program for dental discounts

The Discount Purchase Program, administered by Beneplace, sometimes offers dental discount programs and discounted dental services. You can view them at **discountprogramers.com**. (To access discounts, you will need to register using your email address.)