



DENTAL INSURANCE AND COMPARISON CHART

Dental insurance

ERS offers two dental plans: **State of Texas Dental Choice Plan** (nationwide) and **HumanaDental DHMO** (only in Texas). Both plans are administered by Humana. You and your eligible dependents must be enrolled in the same plan; however, you can designate different primary care dentists.

Which plan works best for you?

We recommend reviewing each plan to see how it fits your family's needs. How often do you see the dentist? Are you or your dependent planning to see an orthodontist? If you're considering the dental health maintenance organization, is your preferred dentist in the service area? Review each of the plans before you make a decision. If you have questions, call Humana toll free at **(855) 756 - 6580 (TTY: 711)**.

	 State of Texas Dental Choice PlanSM PPO This is a preferred provider organization (PPO) dental insurance plan. Nationwide	 HumanaDental DHMO This is a dental health maintenance organization (DHMO) insurance plan. Only in Texas
Where can I use this plan?	You can see any dentist in the U.S. but you generally pay less if you stay in the plan's network. For information about coverage available outside of the U.S., please see the master Benefit Plan Document at www.ERSdentalplans.com .	Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a HumanaDental DHMO network dentist in your area.
Is a primary care dentist (PCD) required?	No , but you pay less if you use an in-network dentist.	Yes . Make sure there is a PCD in your area before enrolling in this plan. You and your enrolled dependents can choose different PCDs.
Deductible	Yes . The amount differs for in-network and out-of-network dentists.	No
Copays/coinsurance		Yes , depending on the service.

Do I need an ID card to see a dentist?

Participating Humana dentists shouldn't require them. If you would like a card, you can download a virtual ID card to your smartphone through the MyHumana mobile app. You can also download and print your ID information from ERSdentalplans.com.

Dental plans comparison chart

This chart is a summary of benefits in the two dental insurance plans. See plan booklets at ERSdentalplans.com for actual coverage and limitations. Humana 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	HumanaDental DHMO (Services from participating PCDs only)
Dentists	In-network dentist	Out-of-network dentist	You must select a primary care dentist (PCD). NOTE: Not all in-network dentists accept new patients. Dentists are not required to stay in the network for the entire year.
Deductibles	Preventive: Individual-\$0; Family-\$0 Combined Basic/Major: Individual-\$50; Family-\$150 Orthodontic services: no deductible In State of Texas Dental Choice Plan, deductibles are based on the calendar year and reset on January 1.	Preventive: Individual-\$50; Family-\$150 Combined Basic/Major: Individual-\$100; Family-\$300 Orthodontic services: no deductible	None
Copays / coinsurance	Preventive and Diagnostic Services: none Basic Services: 10% coinsurance after meeting the basic services deductible Major Services: 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.	Preventive and Diagnostic Services: 10% coinsurance after meeting the preventive and diagnostic deductible Basic Services: 30% coinsurance after meeting the basic services deductible Major Services: 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.	Primary care dentist (PCD): Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Specialty dentistry: 75% of the dentist’s usual and customary fee when specialty care is coordinated by the PCD to a network specialist. Plan doesn’t pay.
Maximum calendar year benefits	\$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
Maximum lifetime benefit	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services	Unlimited
Average cost of cleaning / oral exams	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
Orthodontic coverage	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.	Orthodontic services performed by a participating general dentist are offered at the listed copayment amount. Orthodontic services performed by a participating specialist are offered at 75% of their usual and customary fee. Plan doesn’t pay.