



## Humana is the new administrator

The Employees Retirement System of Texas (ERS) Board of Trustees awarded the third-party administrator contract for the State of Texas Dental Choice Plan<sup>SM</sup> preferred provider organization (PPO, available nationwide) and dental health maintenance organization (DHMO, available only in Texas) plan to Humana. The six-year contract term will begin Sept. 1, 2026, and go through Aug. 31, 2032.

## Meet Humana

During Summer Enrollment fairs and webinars, you can meet Humana representatives who can answer your questions. Attend a fair or join one of the webinars to learn more about your dental benefits. Check the fair and webinar schedule in the Summer Enrollment guide.

## Enrollment

You do not need to re-enroll in your current dental plan because of this change. Your coverage will automatically transfer to Humana unless you make a plan change or drop coverage during Summer Enrollment. Humana's administration of your dental plan will begin Sept. 1. Covered care and services and your out-of-pocket costs will stay the same as current coverage.

Beginning June 1, search the provider network to see if your current dentist is in Humana network. DHMO participants should designate a primary care dentist (PCD) with Humana even if they have one on file with Delta.

Through Aug. 31, Delta Dental will continue to manage your dental benefits. For information about your coverage and any claims before Sept. 1, 2026, contact Delta Dental toll-free at **(855) 828-9834 (TTY: 711)** or go to **ERSdentalplans.com**.

## ID cards not required

**You will not receive an ID card in the mail** and you don't need an ID card to visit your dentist. Simply provide your member ID number, along with your name and birth date.

In August, Humana will send a welcome letter with your member ID number and information on how to:

- activate an online dental plan account,
- view or print your ID card, and
- find an in-network dentist.

## Network

- **The State of Texas Dental Choice Plan (PPO)** provides access to a wide national network of dentists. Choosing in-network providers may result in lower out-of-pocket costs. You can see out-of-network dentists if you choose, but you may pay more. Beginning June 1, search to see if your current provider is in network or find a new provider.
- **The dental health maintenance organization (DHMO) plan** requires you to designate a PCD from a local network to receive all covered services. There are no out-of-network benefits. Beginning Aug. 3, visit **your.Humana.com/ERS** to designate a PCD with Humana, even if your current PCD remains in the DHMO network.

## Plan website

Through Aug. 31: **your.Humana.com/ERS**  
Beginning Sept. 1: **ERSdentalplans.com**

The plan website is your all-in-one spot for dental plan information. You can:

- find a dentist in the network,
- view an overview of each plan,
- compare plans and
- review frequently asked questions.

## Create an online account

Beginning Aug. 3, go to **your.Humana.com/ERS** to create your MyHumana account to:

- Nominate a provider for the Humana network.
- If you're in the DHMO, choose a PCD for yourself and participating dependents.
- Track your claims.
- Access explanations of benefits (EOBs).

## Customer care

Call Humana toll-free at **(855) 756-6580 (TTY: 711)**, Monday through Friday, 8 a.m. – 7 p.m. Central Time. The Humana care team can help answer questions you may have.

## Compare your dental plan options

Understanding the differences in your options will help you choose the plan that's right for you. While the plans are the same in some ways, there are some key differences. You can compare the basics of each plan below. For more information about coverage in each plan, review the Master Benefits Plan Documents on the plan website (available Sept.1) or call Humana toll-free at **(855) 756-6580 (TTY:711)**.

	<small>STATE OF TEXAS</small> <b>DENTAL CHOICE</b> <small>PLAN</small>	HumanaDental DHMO
<b>Does the plan pay out-of-network benefits?</b>	Yes, but the deductibles and coinsurance percentages are higher which means you'll pay more for services when you see an out-of-network dentist.	No. If you see a dentist out of the network, the services won't be covered, and you'll be responsible for paying the full cost.
<b>Can I see any dentist?</b>	You can visit any licensed dentist, but you'll save more at an in-network dentist. You can change your dentist any time without contacting us.	You must designate a primary care dentist (PCD) and visit your PCD to receive benefits.
<b>How do I find a dentist in the network?</b>	Before Sept. 1, go to <b>your.Humana.com/ERS</b> and select "Find a dentist" in the "State of Texas Dental Choice Plan <sup>SM</sup> (PPO)" tab.	Before Sept. 1, go to <b>your.Humana.com/ERS</b> and select "Find a dentist" in the "HumanaDental DHMO" tab.
<b>What happens if I see an out-of-network dentist?</b>	You'll still receive dental benefits, but your out-of-pocket costs will be lower if you see a dentist in the network.	Out-of-network services are not covered.
<b>Do plan costs differ?</b>	The premiums are higher since you have the flexibility to visit any dentist.	The premiums are lower for this plan.
<b>Is there a deductible?</b>	<b>Preventive services:</b> In-network: \$0, out-of-network: \$50 individual / \$150 family <b>Basic and major services:</b> In-network: \$50 individual / \$150 family Out-of-network: \$100 individual / \$300 family No deductible for orthodontic services.	No
<b>How do the plans cover services?</b>	The plan pays a percentage of the covered services, then you pay the rest of the cost.	You pay a set fee, or copay, for each dental service.
<b>Is there an annual plan maximum?</b>	Yes. The plan pays \$2,000 per person each calendar year. After that, the plan will pay 40% of covered services provided by an in-network dentist.	No
<b>How are preventive services like exams, routine cleanings and X-rays covered?</b>	When you visit an in-network dentist, preventive services are covered at no additional cost.	When you visit your PCD, many diagnostic and preventive services are covered at no additional cost while others require a copay. <i>See the Evidence of Coverage for details.</i>
<b>Is orthodontic care covered?</b>	Orthodontic treatment is covered for children and adults. The plan pays 50% of the dentist's charges up to the lifetime maximum of \$2,000, then you pay the rest.	Services through your PCD are covered at the plan copays for orthodontic services. If you see an in-network specialist, there are no plan benefits, but you'll get a 25% discount from the specialist's usual and customary fee.
<b>Do I need a referral to see a specialist?</b>	You don't need a referral to see a specialist. However, you'll save more if you see a specialist in the network.	You may select an in-network specialist, or your PCD can help you find one. If you see an in-network specialist, there are no plan benefits, but you'll get a 25% discount from the specialist's usual and customary fee.