

HumanaDental DHMO plan Frequently asked questions (FAQ)

Beginning Sept. 1, 2026, the HumanaDental DHMO plan will be administered by Humana.

Dental plan website:

- Through Aug. 31, 2026: your.humana.com/ERS
- Beginning Sept. 1, 2026: ERSdentalplans.com

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PLAN ADMINISTRATOR – HUMANA

The Employees Retirement System of Texas (ERS) Board of Trustees awarded the third-party administrator contract for the State of Texas Dental Choice PlanSM 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. Humana offered a large network with broad access to providers and will administer the plans at the same level of benefits and service for prevention, early diagnosis and treatment for your dental health.



ENROLLMENT / ELIGIBILITY

Do I need to re-enroll in the HumanaDental DHMO Plan because of the administrator change?

No, you do not need to re-enroll because of this change. ERS will automatically move you into the plan you are currently enrolled in with Delta Dental unless you make a change during your enrollment period.

When can I enroll in the HumanaDental DHMO plan?

- **Current employees, retirees and their eligible dependents** can enroll during their Annual Enrollment period or within 31 days of a qualifying life event (QLE).
- **New employees** can enroll within 31 days of their hire date.

What time of year is my Annual Enrollment?

There are two Annual Enrollment periods based on your employment status:

- **Summer Enrollment:** Active employees, retirees not eligible for Medicare and their eligible dependents
- **Fall Enrollment:** Retirees eligible for Medicare and their eligible dependents

How do I enroll?

Active employees: Please contact your benefits coordinator.

Health and Human Services employees: Please call (888) 894-4747. You may also enroll:

- Online at www.ers.texas.gov
- Call (877) 275-4377, Monday through Friday, 8 a.m. – 5 p.m. Central Time

Who is eligible for the HumanaDental DHMO plan?

Employees, retirees and their eligible dependents participating in the Texas Employees Group Benefits Program (GBP) are eligible.

Can my dependent and I enroll in different dental plans?

No. Participants and their eligible dependents must enroll in the same plan.



PLAN RESOURCES

Where can I find the Evidence of Coverage (EOC)?

Beginning Sept. 1, 2026, you can find your EOC at ERSdentalplans.com in the “HumanaDental DHMO” tab.

Should I submit a claim form? Where can I find claim forms?

Humana doesn't require a specific dental claim form. Your dentist will submit your dental claim directly to Humana. If you need a claim form, go to your.humana.com/ERS then the “Contact us” tab to download a Claim Form.

Please note: Humana will manage your claims beginning Sept. 1. For claims until Aug.31, please contact Delta Dental.

When is my account information available to me?

Until Aug.31, you can go to your.humana.com/ERS to search for dentists who are in-network with Humana using “Find a dentist” on the “HumanaDental DHMO” tab. Beginning Aug. 3, create a MyHumana account to see your account specific information, which will automatically transfer to Humana. Delta Dental will manage your accounts until Aug. 31.

Don't forget. Even if you have an account with Delta Dental now, on or after Sept. 1, you should create a new account with Humana to see your account information.



PLAN COSTS

What are the monthly plan premiums?

You can find the Plan Year 2026 dental plan premiums on the ERS website for:

- [Active employees and retirees not eligible for Medicare](#)
- [Retirees eligible for Medicare](#)

How much will I pay when I go to the dentist?

For a full summary of benefits and how much you'll pay for each service, review the “Evidence of Coverage” (available Sept. 1, 2026) found in the “HumanaDental DHMO” tab at your.humana.com/ERS.



ID CARDS

Will I receive an ID card in the mail?

- **Active employees, retirees not eligible for Medicare and their eligible dependents** will not receive an ID card in the mail.
- **Medicare-eligible retirees** will receive an ID card in the mail, though you don't need to present it to see your dentist.

All current participants and new enrollees will receive a welcome letter with your member ID number. Simply provide your member ID number, along with your name and birth date when you visit your dentist. Dependents will use your member ID number, and their name and birth date.

Can I access my ID card online?

Yes. Beginning Aug. 3, you can view, print or email your ID card online, by creating and signing into your secure MyHumana account at your.humana.com/ERS. There, you can also order extra ID cards.

You can also download the MyHumana mobile app from the [App Store](#) or [Google Play](#) to get your digital ID card and add it to your phone's wallet.

Eligible dependents 18 or older on your plan can create their own online MyHumana account to access their ID card online.

Do I need an ID card to visit a dentist?

No. After you enroll, you'll receive a welcome letter with your member ID number. Simply provide your member ID number, along with your name and birth date when you visit your dentist (dependents will use your member ID number and their name and birth date).



FINDING A DENTIST IN THE NETWORK

Can I go to any dentist?

No. You and each of your eligible dependents must select a Primary Care Dentist (PCD) and you must visit your PCD to have your dental services covered by the DHMO plan. You can change your PCD at any time.

How do I find an in-network dentist?

1. Go your.humana.com/ERS and click on "HumanaDental DHMO" tab
2. Click on "[Find a dentist](#)" to search for dentists participating in the network.

I already have a PCD in the Delta Dental network. Should I still designate a new one?

Yes. All DHMO participants will have to select a PCD with Humana, even if your current PCD is in Humana's network. Please search with your dentist's name in the "Find a dentist" tool and see if they are in Humana's network. If not, you would have to find a new dentist in Humana's DHMO network and assign them as a PCD.

You can designate a PCD after you create an online MyHumana account beginning Aug. 3.

How do I designate a Primary Care Dentist (PCD) in the network?

After you activate your online MyHumana account and login, follow these steps:

- Go to the “Care” tab at the top of the page
- Choose “Select a dentist” button
- Then search for a specific dentist or browse the list
- Select a dentist accepting new patients and click the “Confirm” button

When I pick a PCD, can I choose the dentist office or one dentist in that office?

You must select a specific in-network dentist.

Does everyone in my family have to choose the same Primary Care Dentist (PCD)?

No. Each family member can select their own in-network PCD.

Will a PCD be automatically selected and assigned for me if I enroll in the DHMO plan but didn't pick a PCD?

No. You must designate a PCD before seeing a dentist.

If I change my PCD during the plan year, when will the change be effective?

You can change your dentist at any time. If you submit your request to change your PCD by the 15th of the month, it'll take effect the first day of the following month. If received after the 15th of the month, it'll take effect the first day after the next month. For example: If you request to change your PCD on Sept. 15, the change will take effect on Oct. 1. If you request to change on Sept. 25, the change will take effect on Nov. 1.

To change your PCD you can:

- Log in to your online account at [MyHumana.com](https://www.mychumana.com), go to the “Care” and select “Change dentist,” or
- Call HumanaDental DHMO Customer Care toll-free at **(855) 756-6580** (TTY: 711), Monday through Friday from 8 a.m. – 7 p.m. Central Time.

If I'm enrolled in the DHMO and I make an appointment, but don't select a PCD, what happens?

If you don't select a PCD before receiving dental services, your dental plan will not cover any of the charges.

What if my PCD doesn't provide the type of dental care I need?

Can I see a specialist on my own?

If your PCD doesn't provide the type of service you need, your PCD can help you coordinate care with a HumanaDental DHMO in-network specialist, or you can select a specialist in the network that you choose. If you receive specialty services without designating PCD and/or don't visit a HumanaDental DHMO in-network specialist your dental plan will not cover any of the charges.

If I see an out-of-network dentist, will I still receive benefits?

No. There are no out-of-network benefits with this plan.

Do I need a referral to see a specialist?

No. You may select your own in-network specialist, or your PCD can help you find one, but you must stay in the HumanaDental DHMO network.

What if my dentist is not in the network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan. You can help us get your dentist in our network by referring your dentist to the network by visiting your.Humana.com/ERS and selecting "Provider nomination" in the "HumanaDental DHMO" tab.

We strongly encourage plan participants to go to "Find a dentist" and check if your current dentist is in Humana's network beginning Aug. 3. If not, please find a new dentist from the network or call Humana toll-free at **(855)756-6580** (TTY: 711), Monday through Friday, 8 a.m. – 7 p.m. Central Time. Representatives will help you find a dentist in your area.



BENEFITS

How do I verify that Humana will cover a procedure?

Beginning Aug. 3, create a MyHumana account on your.Humana.com/ERS. Then you can log in and look up what procedures are covered, which family members are eligible for coverage under your plan, how much of your maximum or deductible is left and more. Beginning June 1, you can also call HumanaDental DHMO Plan Customer Care toll-free at **(855) 756-6580** (TTY: 711), Monday through Friday, 8 a.m. – 7 p.m. Central Time. Representatives will help you find your coverage costs for a procedure.

Do I need to get prior approval for any dental procedures?

For dental care that may cost you over \$200, your dentist will most likely submit a proposed dental treatment plan. Humana will use this information to let your dentist know if your dental benefits cover the proposed treatment. This predetermination of benefits will remain valid for up to 180 days but is not a guarantee of what Humana will pay toward the treatment.

I had two routine cleanings this year while covered under the State of Texas Dental Choice Plan. If I switch to the Humana DHMO plan, can I get another one with this new plan?

The limitation on both plans is two routine cleanings per calendar year, Jan. 1 – Dec. 31. This means if you have two cleanings between Jan. 1 – Dec. 31, you've reached your limit for the calendar year regardless of plan you have.

Are dental implants covered?

Implant services are as listed on the Evidence of Coverage (available Sept. 1), found at ERSdentalplans.com in the "HumanaDental DHMO" tab. If you receive services from your PCD, the listed copayments on the Evidence of Coverage will apply. If you or your PCD coordinates your specialty care with a HumanaDental DHMO in-network specialist, you'll receive a 25% cost reduction from the usual fee for covered services. If you receive specialty services outside of the HumanaDental DHMO network, you'll have to pay all the charges.

Do I have orthodontia coverage?

Yes. This plan covers limited and comprehensive orthodontics for children and adults. If you receive orthodontic treatment from your PCD, the listed copay in the Evidence of Coverage (available Sept. 1) will apply up to the maximum orthodontia benefit for the plan. If you or your PCD coordinates your orthodontia care with a HumanaDental DHMO in-network specialist, you'll receive a 25% cost reduction from the usual fee for covered services. If you receive specialty services outside of the HumanaDental DHMO network, you'll have to pay all the charges.

Note that online orthodontic treatment is not considered a covered benefit.

What happens if I started orthodontia treatment on a previous dental plan?

If you or an eligible member of your family started orthodontic treatment (banding has taken place) under a previous plan sponsored by an employer or organization, you will be covered for continuing treatment with your or your child's current orthodontist with your original payment plan.

You will need to have your orthodontist complete the HumanaDental DHMO "transition of care form for orthodontic treatment" available on your.humana.com/ERS in the "contact us" tab. Your orthodontist should submit the completed form with the first claim. HumanaDental DHMO takes over any remaining balance payable to the orthodontist by the prior carrier. If banding has not occurred, you are not eligible for continuous orthodontic coverage.

Is this plan's deductible and annual maximum based on a calendar year or plan year?

The plan's deductible and annual maximum are based on calendar year and reset on Jan.1 each year. For year 2026, what you've met so far will carry over from Delta Dental and will not reset because of this transition.

Does my plan cover tooth extractions?

Yes, this plan covers tooth extractions at the listed copayments in the Evidence of Coverage (available Sept. 1).

Does my plan cover tooth-colored fillings and crowns?

Resin (composite) material is included in this plan. Please see the Evidence of Coverage (available Sept. 1) on ERSdentalplans.com for a complete list of covered services.

Is emergency treatment covered under my plan?

If you need urgent care and are away from your PCD, you will have to pay for the services. Then, you can submit a claim form to request reimbursement. You can print a claim from the plan website, your.humana.com/ERS in the "Contact us." (Refer to your Evidence of Coverage, available Sept. 1, for specific coverage details and procedures.)

Does my plan cover preventive services at no cost to me?

This plan allows for two routine exams per calendar year at no cost to you, when you visit your designated HumanaDental DHMO PCD. The plan also covers two routine cleanings per calendar year at a \$12 copay, when you visit your designated PCD.

Does my plan cover pre-existing conditions?

Treatment for pre-existing conditions, including missing or extracted teeth, is covered under your plan.

Does my plan cover pre-existing conditions? What about treatments already in progress?

Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment for a covered dental service before your plan's effective date, you may be able to continue treatment with a dentist in the Humana network. If you have a treatment in progress you'd like to continue after your Humana plan effective date, please call HumanaDental DHMO Customer Care toll-free: **(855) 756-6580** (TTY: 711), Monday through Friday, 8 a.m. – 7 p.m. Central Time.

Can I use my TexFlex healthcare account to pay for dental services?

TexFlex may reimburse for some dental services. Please note: Not all dental services are eligible expenses. You will need to submit your dental Explanation of Benefits or detailed receipts to TexFlex for reimbursements.



RESOURCES

How do I contact Humana?

Visit your.humana.com/ERS or call HumanaDental DHMO toll-free: **(855) 756-6580** (TTY: 711), Monday through Friday, 8 a.m. – 7 p.m. Central Time.

How do I find my Humana member ID number?

Your member ID number will be listed on your welcome letter (dependents will use your member ID number). You can also log in to your online MyHumana account to view your member ID number on the home page or call HumanaDental DHMO Customer care toll-free at **(855) 756-6580** (TTY: 711), Monday through Friday from 8 a.m. – 7 p.m. Central Time.

Can I access my plan information online?

Yes. Beginning Aug. 3, you get the most out of your plan with a MyHumana account, and take your Humana essentials wherever you go with the MyHumana mobile app. You can:

- Explore coverage and benefit details
- Get your digital member ID cards and add them to your phone's wallet through the MyHumana app
- Find in-network providers close to you and get directions on your phone's MyHumana map app
- Review claims status

Beginning Aug. 3, create your MyHumana account on your.humana.com/ERS and click on "Sign into MyHumana" in the green box on the top right of the page:

- Select "Create account"
- Enter the information requested
- On next screen, verify your identity with your mobile number or email address
- For final step, select "Humana member ID" and enter the following:
 - Humana member ID (you'll get this on your welcome letter)
 - Date of birth and ZIP code

Questions?

Call HumanaDental DHMO customer care toll-free at **(855) 756-6580** (TTY: 711) or visit your.humana.com/ERS.

The HumanaDental DHMO plan is offered and administered by DentiCare, Inc.

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