

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

## Frequently asked questions (FAQ)

Beginning Sept. 1, 2026, the State of Texas Dental Choice PPO Plan<sup>SM</sup> will be administered by Humana.

### Dental plan website:

- Through Aug. 31, 2026: [your.humana.com/ERS](https://your.humana.com/ERS)
- Beginning Sept. 1, 2026: [ERSdentalplans.com](https://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 Plan<sup>SM</sup> 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 State of Texas Dental Choice 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 State of Texas Dental Choice 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](http://www.ers.texas.gov)
- Call (877) 275-4377, Monday through Friday, 8 a.m. – 5 p.m. Central Time

## Who is eligible for the State of Texas Dental Choice 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 Master Benefit Plan Document (MBPD)?

Beginning Sept. 1, 2026, you can find the MBPD at [ERSdentalplans.com](http://ERSdentalplans.com) in the “State of Texas Dental Choice Plan<sup>SM</sup> (PPO)” tab.

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

An in-network dentist will usually submit your dental claim directly to Humana. However, an out-of-network dentist may require you to pay up front, and you'll need to submit a claim for reimbursement.

For out-of-network claims, go to [your.humana.com/ERS](http://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](http://your.humana.com/ERS) to search for dentists who are in-network with Humana using “Find a dentist” on the “State of Texas Dental Choice Plan<sup>SM</sup> (PPO)” 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 specific costs, we recommend you speak with your dentist or call Humana using the number on the back of your ID card. Beginning Sept. 1, for an estimate of costs, you can use the dental cost estimator tool on Humana's plan website by creating your MyHumana account on [ERSdentalplans.com](https://www.ersdentalplans.com). Log in to your account and click on "Resources" to see the tool.

For a full summary of benefits review the "Master Benefit Plan Document" (available Sept. 1, 2026) found in the "State of Texas Dental Choice Plan<sup>SM</sup> (PPO)" tab at [ERSdentalplans.com](https://www.ersdentalplans.com).



## 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](https://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?

Yes, you can visit any licensed dentist. However, you'll get the most out of your plan and pay less for services when you see an in-network dentist.

### How do I find an in-network dentist?

1. Go [your.humana.com/ERS](https://your.humana.com/ERS) and click on "State of Texas Dental Choice Plan<sup>SM</sup> (PPO)" tab
2. Click on "Find a dentist" to search for dentists participating in the network.

### Do I need a referral to see a specialist?

No. You don't need a referral to see a dental specialist under this plan.

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

Yes, but you may pay more. To get the most out of your plan and pay less for services, see an in-network dentist.

### Does everyone in my family need to see the same dentist?

No. Each family member on your plan can select their own in-network dentist.

### 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 completing the online **nomination form** at [your.humana.com/ERS](https://your.humana.com/ERS) in the "State of Texas Dental Choice Plan<sup>SM</sup> (PPO)" 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

### What do I do if I have other dental insurance and this plan?

If you're covered under more than one dental plan ("dual coverage"), the two plans can coordinate benefits to potentially lower your out-of-pocket costs. Ask your dentist to include the other plan's information on the claim form submitted to us and we'll handle the rest.

### How do I verify that Humana will cover a procedure?

Beginning Aug. 3, create a MyHumana account on [your.humana.com/ERS](https://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 State of Texas Dental Choice Plan Customer Care toll-free at **(855) 756-6580** (TTY: 711), Monday through Friday, 8 a.m. – 7 p.m. Central Time. Representatives can help explain what your plan covers.

### 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.

### Are dental implants covered?

Implant installations are covered only for replacement of teeth that are extracted or congenitally missing.

### Do I have orthodontia coverage?

Yes. This plan covers limited orthodontics for children up to age 26 and comprehensive orthodontics for children and adults. You do not have to meet a deductible, and the plan pays 50% of the covered orthodontia services, up to the \$2,000 lifetime maximum. Once this lifetime maximum is met, there will be no further coverage for orthodontia services.

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 occurred) under a previous plan sponsored by an employer or organization, you or your eligible dependent can continue that coverage. Ask your orthodontist to submit a claim to us.

### 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.

### What happens if I exceed the maximum annual benefit?

Once you meet the \$2,000 per calendar year annual maximum, the plan pays 40% of covered expenses for the rest of the calendar year, when you visit an in-network dentist. You pay the balance.

### What services apply to the annual maximum?

All basic, major, restorative and prosthodontic services apply to the annual maximum. Preventive services do not apply to the annual maximum when you visit an in-network dentist.

### Does my plan cover tooth extractions?

Yes, this plan covers tooth extractions. Costs vary depending upon whether you use a network or an out-of-network dentist and the type of services provided.

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

Yes. You can visit any in-network dentist at no additional cost to you for preventive care services including: two routine cleanings per year, routine X-rays and oral cancer screening (ages 40+).

### Does my plan cover pre-existing conditions?

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

### 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.

### What happens if I started a dental treatment plan (other than orthodontia) before my plan coverage started?

Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs.



## RESOURCES

### How do I contact Humana?

Visit [your.humana.com/ERS](https://your.humana.com/ERS), or call State of Texas Dental Choice Plan Customer Care 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 **MyHumana** online account to review your member ID number on the home page, or call State of Texas Dental Choice Plan Customer Care toll-free at **(855) 756-6580** (TTY: 711), Monday through Friday from 8 am – 7 pm 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](https://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 State of Texas Dental Choice Plan customer care toll-free at (855) 756-6580 (TTY: 711) or visit [your.humana.com/ERS](https://your.humana.com/ERS).

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