# Compare your two dental plan options

**You have two dental plans to choose from** and understanding the differences will help you choose the plan that's right for you. The high-level comparison below will help you understand plan similarities and key differences.

| | **Option 1: PPO plan** (available nationwide) | **Option 2: DHMO plan** (available only in Texas) |
|---|---|---|
| | State of Texas Dental Choice Plan | HumanaDental DHMO |
| **Does the plan pay out-of-network benefits?** | 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. |
| **Can I see any dentist?** | 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. |
| **How do I find a dentist in the network?** | Go to **ERSdentalplans.com** and select "Find a dentist" in the "State of Texas Dental Choice Plan℠ (PPO)" tab. | Go to **ERSdentalplans.com** and select "Find a dentist" in the "HumanaDental DHMO" tab. |
| **What happens if I see an out-of-network dentist?** | You'll still receive dental benefits, but you'll save more if you see a dentist in the network. | Out-of-network services are not covered. |
| **Do plan costs differ?** | The premiums are higher since you have the flexibility to visit any dentist. | The premiums are lower for this plan. |
| **Is there a deductible?** | **Preventive services:** In-network: $0, out-of-network: $50 individual / $150 family<br>**Basic & Major services:**<br>In-network: $50 individual / $150 family<br>Out-of-network: $100 individual / $300 family<br>No deductible for orthodontic services. | No |
| **How do the plans cover services?** | The plan pays percentage of the covered services then you pay the rest of the cost. | You pay a set fee, or copay, for each dental service. |
| **Is there an annual plan maximum?** | Yes. This is the total amount the plan pays each calendar year. After that, the plan will pay 40% of covered services provided by an in-network dentist. | No |
| **How are preventive services like exams, routine cleanings and X-rays covered?** | 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. *See the Evidence of Coverage for details.* |
| **Are implants and dentures covered?** | Yes, but please review the Master Benefit Plan Document for coverage details. | Yes, but please review the Evidence of Coverage for coverage details. |
| **Is orthodontic care covered?** | 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. |
| **Do I need a referral to see a specialist?** | 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. |

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# Dental plans at a glance

| State of Texas Dental Choice PPO | | |
|---|---|---|
| **Dental services** | **In-network** | **Out-of-network** |
| **Diagnostic & preventive services**<br>Exams, cleanings & X-rays | 100% no deductible | 90% after $50 individual/<br>$150 family deductible |
| **Basic services**<br>Fillings | 90% after deductible | 70% after deductible |
| **Major services**<br>Root canals & extractions | 50% after deductible | 40% after deductible |
| **Prosthodontics**<br>Crowns, bridges & dentures | 50% after deductible | 40% after deductible |
| **Orthodontics**<br>Child & adult | 50% no deductible up to $2,000 lifetime maximum | |

| HumanaDental DHMO | |
|---|---|
| **Dental services** | **In-network copays** |
| **Routine cleaning (D1110/D1120)**<br>Adult / child | $12 |
| **X-rays (D0270)**<br>Bitewing, ingle radiogrphic image, two per calendar year | No charge |
| **Extraction (D7140)**<br>Erupted tooth or exposed root | $28 |
| **Root canal (D3330)**<br>Molar – permanent tooth | $250 |
| **Crown (D2792)**<br>Full cast noble metal | $399 |
| **Dentures (D5110/D5210)**<br>Upper or lower jaw | $490 |
| **Orthodontics**<br>Performed by specialty | 25% discount |
| **There are no out-of-network benefits** | |

**View all frequently asked questions and plan details:**

Scan the QR code or visit **ERSdentalplans.com**

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State of Texas Dental Choice Plan administered by HumanaDental Insurance Company.

The HumanaDental DHMO plan is offered and administered by DentiCare, Inc. (d/b/a CompBenefits). This communication provides a general description of certain identified insurance benefits. Our insurance benefit plans have exclusions and limitations. In the event of any disagreement between this communication and the plan document, the plan document will control.