

ERS Fall Enrollment

Dental coverage for Plan Year 2027

(Jan. 1 - Dec. 31, 2027)

- State of Texas Dental Choice Plan℠ (PPO)
- HumanaDental DHMO Plan

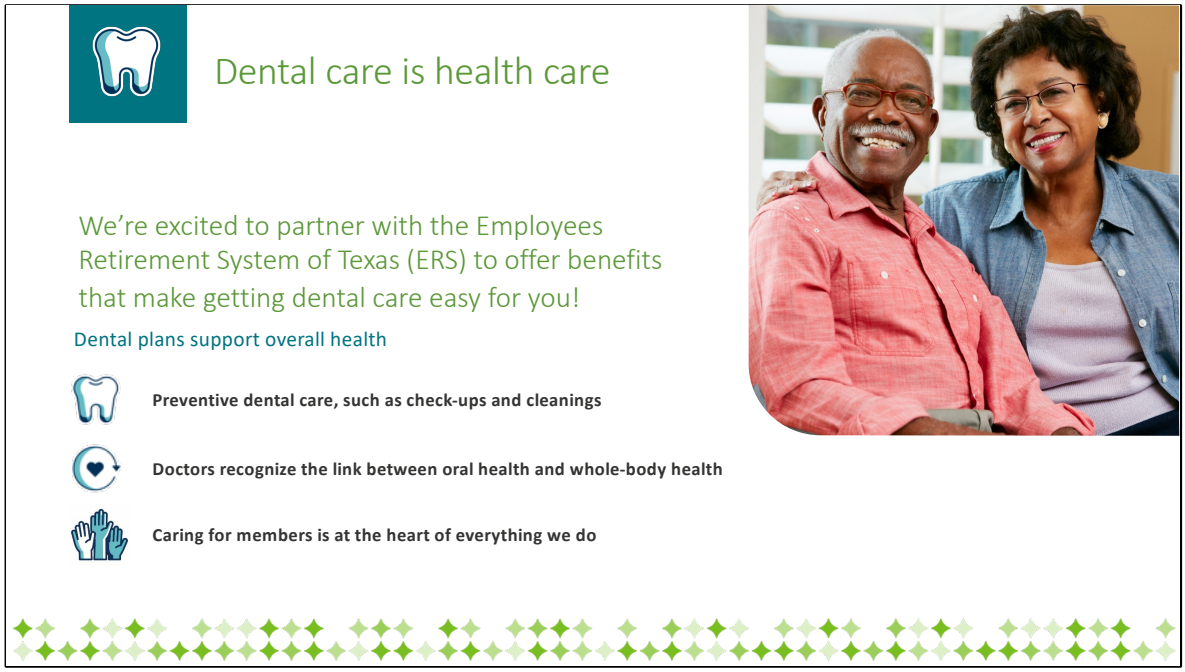
ERS Employees Retirement System of Texas | Humana.

Hello, I am pleased to be speaking with you today about your Humana dental plan options and resources. Our goal at Humana is to help you better understand the plan, how it works, and where to go for support so you can make informed decisions for yourself and your family.

During today's presentation, we'll review key plan features, enrollment information, how to access plan resources, and important tools available to help you get started and make the most of your coverage.

A recording and a PDF of this presentation will be available on **ERSdentalplans.com**.

Thank you for joining us today. Let's get started.



As of Sept. 1, Humana is the administrator of both dental plans offered through the Texas Employees Group Benefits Program, the State of Texas Dental Choice Plan (PPO) and the dental health maintenance organization (DHMO) plan, providing flexible options to meet your needs.

Dental coverage is an important part of maintaining good health. Preventive care—such as regular check-ups and cleanings—not only helps protect your oral health but also contributes to your overall wellness. Doctors increasingly recognize that oral health is closely linked to the health of your entire body, and maintaining healthy teeth and gums can positively impact other aspects of your health.

At Humana, caring for you is at the heart of everything we do. Our commitment is to make your dental benefits accessible, easy to understand, and supportive of your long-term health.

Getting started



How do I start using my plan?

- 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)

Will I get an ID card?

- Medicare eligible retirees will receive an ID card
- You don't need to present an ID card to see your dentist

What if I am currently enrolled?

- Your current enrollment status will continue through the following plan year unless you actively elect to make changes

After you enroll in the dental plan, you'll receive a welcome letter with your member ID and instructions on how to access your benefits. When you visit your dentist, simply provide your member ID, along with your name and date of birth. If you have dependents on your plan, they will use your member ID and their own name and birth date.

Your member ID and basic information are all that's required to access your dental benefits. Medicare eligible retirees will receive an ID card.

If you are currently enrolled in a dental plan, your current plan elections will continue through the following plan year unless you actively elect to make changes. You do not need to do anything if you want to stay on your current plan.

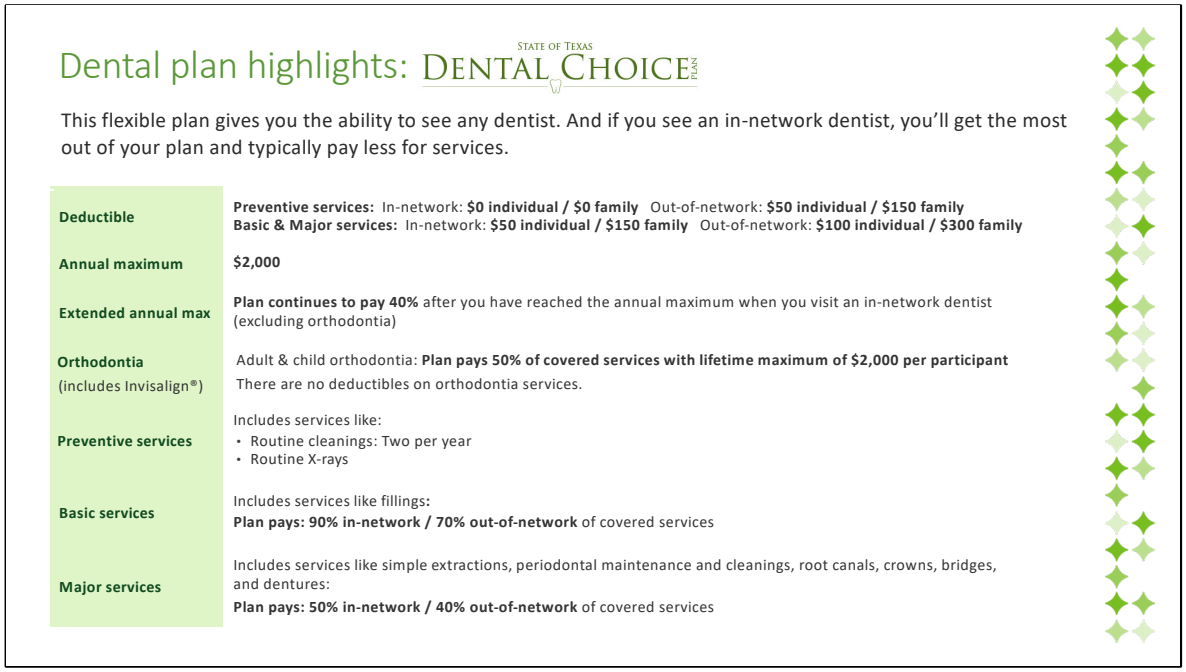
Next, we'll take a closer look at each dental plan option so you can better understand the features and differences of each one.

DENTAL

State of Texas Dental Choice Plan (PPO)



First, let’s take a look at the State of Texas Dental Choice Plan



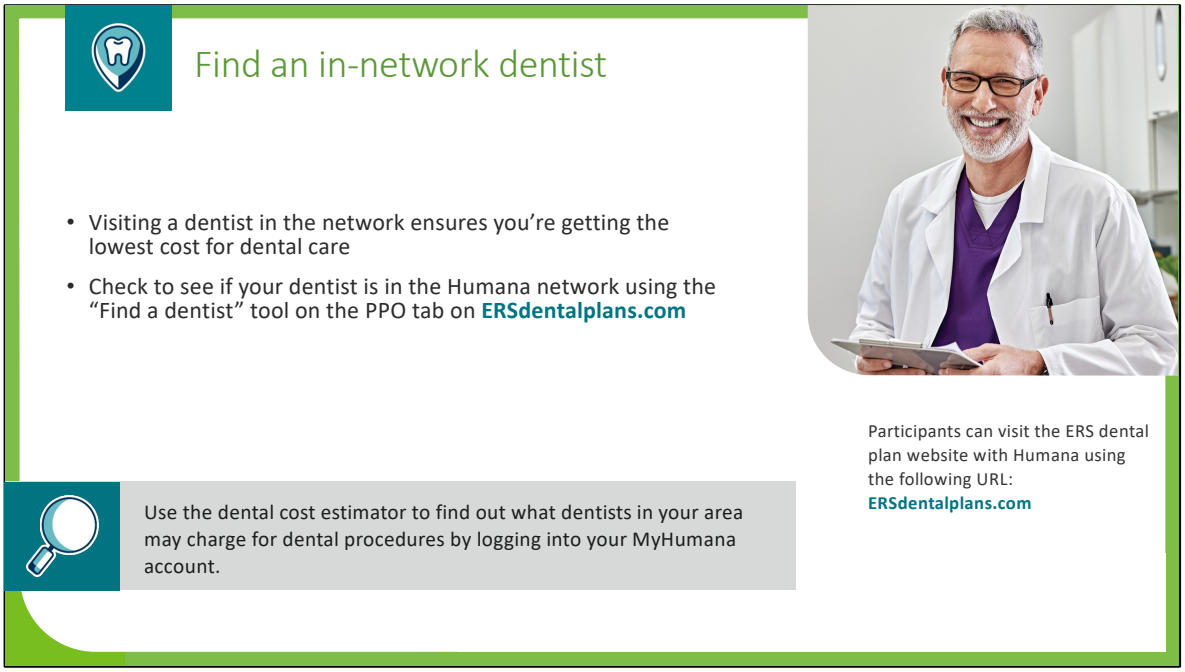
Here is a high-level overview of what's included in the State of Texas Dental Choice Plan.

This is a flexible PPO plan, which means you have the freedom to visit any dentist you like. However, you'll get the most out of your benefits and pay less out-of-pocket when you choose an in-network dentist.

Here are a few plan highlights:

- **Deductible:** This is the amount you pay before the plan starts sharing costs. For preventive services, there's no deductible if you see an in-network dentist, but there is one if you go out-of-network. For basic and major services, the deductible is lower in-network than out-of-network.
- **Annual Maximum:** The plan will pay up to $2,000 each year toward covered services.
- Extended Annual Maximum: If you reach the annual max with an in-network dentist, the plan will still cover 40% of additional covered costs for the rest of the year, excluding orthodontia.
- **Orthodontia:** Both adults and children are covered at 50%, with a lifetime maximum of $2,000 per person. This includes options like Invisalign®.
- **Preventive Services:** These include two cleanings per year and routine X-rays. You pay $0 for these in-network.
- **Basic Services:** Such as fillings. The plan pays 90% in-network and 70% out-of-network.
- **Major Services:** Including simple extractions, periodontal maintenance and cleanings, root canals, crowns, bridges, and dentures. The plan pays 50% in-network and 40% out-of-network.

Remember, choosing an in-network dentist helps you get the most value from your plan and keeps your costs lower. There are no deductibles on orthodontia services.



When you choose the State of Texas Dental Choice PPO Plan, by visiting an in-network dentist, you'll make the most of your plan benefits and typically pay less out of pocket for your dental care.

To check if your current dentist is in the Humana network, you can use the "Find a dentist" tool at **ERSdentalplans.com**.

Here's how:

- **Step 1:** Go to **ERSdentalplans.com** and select "Find a dentist" under the State of Texas Dental Choice Plan (PPO) tab.
- **Step 2:** Enter your search information, such as your address or ZIP code.
- **Step 3:** You can search all providers or look up a specific dentist by name or specialty.

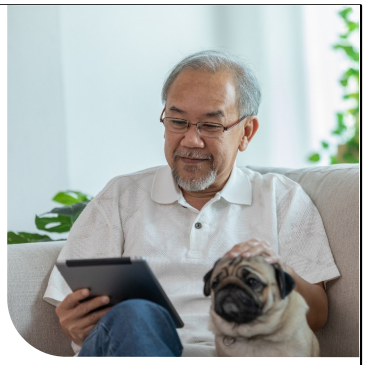
We recommend that all plan participants check their provider's network status before enrolling to ensure you can make an informed choice. As a State of Texas Dental Choice participant, you can also use the dental cost estimator to find out what dentists in your area may charge for dental procedures. Simply login to your MyHumana account, click on the "Coverage" tab and select "Plan Benefits" in the "Resources" Section.

For additional resources and information, please remember:

You can visit the ERS dedicated Humana Dental website at **ERSdentalplans.com**.

This will help you stay up to date and make the most of your dental benefits.

Frequently asked plan questions



What if my dentist isn't in the network?

- Out-of-network dentists: higher costs, but benefits still apply
- Save more with in-network dentists

Do I need a referral to see a specialist?

- No referral needed to see a specialist
- Lower costs when using in-network specialists

Does everyone in my family need to go to the same dentist?

- Each family member can visit their own dentist

View your **Master Benefit Plan Document** on the PPO tab at: **ERSdentalplans.com**

Let's address some common questions about the State of Texas Dental Choice Plan:

First, what happens if your dentist isn't in the network?
If your dentist is not in the network, you'll still receive dental benefits. However, the costs will be higher compared to seeing an in-network dentist. You can maximize your savings by choosing an in-network provider. If your preferred dentist isn't listed, you have the option to nominate them for inclusion in the network. Simply visit dedicated ERS Dental Website and select "Provider nomination" under the State of Texas Dental Choice Plan PPO section.

Next, do you need a referral to see a specialist?
No, a referral is not required to see a specialist. You can schedule an appointment directly. However, you will save more if you choose a specialist who is in-network.

Lastly, does everyone in your family need to see the same dentist?
No, each family member covered by your plan may select their own dentist. There's flexibility to choose the provider that best fits each person's needs.

DENTAL

HumanaDental DHMO plan



Now, let’s take a look at the HumanaDental DHMO plan.

Dental plan highlights: HumanaDental DHMO

	Procedure code / Description	What you pay
Diagnostic & preventive services	D0120 / Diagnostic exam (2 per calendar year)	$0
	D0210 / X-ray (1 complete series every 24 months)	$0
	D1110 / Routine cleanings – adult (2 per calendar year)	$12
	D1120 / Routine cleanings – child (2 per calendar year)	$12
	D1208 / Topical application of fluoride (2 per calendar year)	$0
Basic services	D1351 / Sealant (per tooth)	$10
	D2140 / Amalgam filling (one surface)	$22
	D2330 / Resin-based composite filling (one surface, anterior)	$27
	D2391 / Resin-based composite filling (one surface, posterior)	$47
Major services	D2710 / Resin-based composite (tooth colored) crown	$318
	D3330 / Root canal (endodontic therapy), molar tooth	$250
	D5213 / Prosthodontics (partial upper denture, cast metal framework with resin denture bases)	$578
	D4910 / Periodontal maintenance	$37
	D7140 / Extractions, erupted tooth or exposed root	$28

The DHMO plan focuses on maintaining oral health and prevention. This chart is a sampling of the most frequently used dental services with many diagnostic and preventive services covered at 100%. When you see your participating primary care dentist (PCD), you pay a set amount, or copay, for each covered service. There are no out-of-network benefits and this plan is only available in Texas.

If you are currently enrolled in the DHMO plan, you will stay in it, unless you make a change. All DHMO plan participants must select a primary care dentist prior to receiving dental benefits.

Find a Primary Care Dentist



- If you enroll in this plan, you must designate and visit a PCD you select to receive dental benefits
- If you have not selected a PCD you can search the "Find a dentist" tool on the DHMO tab on **ERSdentalplans.com** to find a PCD in the network
- You can create an online MyHumana account and designate a PCD

Participants can view the PCD selection videos on the ERS dental plan website under the DHMO tab by following this URL: **ERSdentalplans.com**

All DHMO participants will have to select a PCD with Humana, even if your previous PCD was in Humana's network.

To find a Primary Care Dentist:

1. Go to your dedicated ERS dental website
2. Select "Find a dentist" under the HumanaDental DHMO Plan tab
3. Enter your search information, such as your address or ZIP code.
4. Search all providers, or look up a specific dentist by name

Participants should confirm or choose a PCD before receiving services by calling Humana at **(855) 756-6580** (TTY: 711) or through their MyHumana account. Remember, you must designate a dentist as your PCD before receiving dental services.

Frequently asked plan questions



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

- Your PCD can help you find an in-network specialist
- Services from an in-network specialist receive a 25% cost reduction on covered services
- No referral is needed for an in-network specialist

What if my dentist isn't in the network?

- You will need to select a new in-network PCD

Does everyone in my family need to go to the same dentist?

- Each family member can designate and visit their own dentist

View the HumanaDental DHMO **Evidence of Coverage** on the DHMO tab at: **ERSdentalplans.com**

Let's address some frequently asked questions about the HumanaDental DHMO plan:

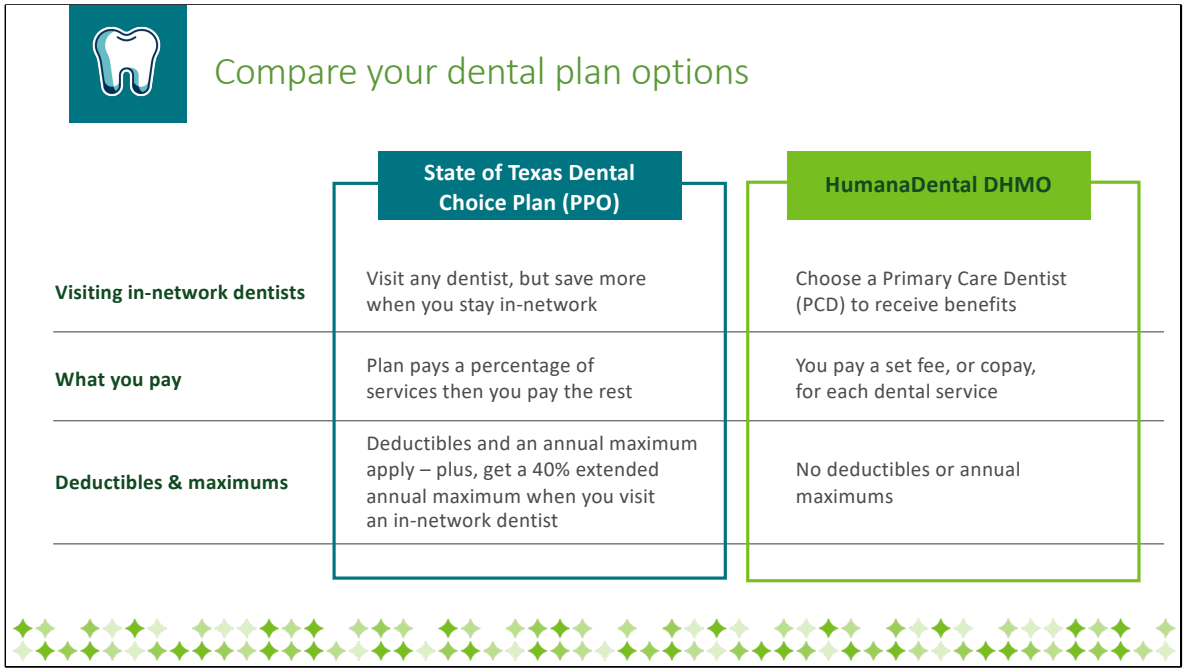
What if my primary care dentist doesn't provide the care I need?
If your PCD cannot provide a specific service, you may see an in-network specialist of your choice, or your PCD can help you find one. When specialty care is coordinated with a HumanaDental DHMO network specialist, you'll receive a 25% cost reduction from the usual fee for covered services. You do not need a referral to see an in-network specialist.

What if my dentist isn't in the network?

If your dentist is not in the network, you'll need to select a new PCD in the Humana network to receive benefits.

Does everyone in my family need to go to the same dentist?

No, each family member can choose their own PCD. Everyone has the flexibility to select a provider that best meets their individual needs.



Now that you've heard about both plans, let's do a quick recap.

The State of Texas Dental Choice Plan is a PPO plan that offers more flexibility. You can visit any dentist nationwide, but you'll usually pay less when you choose an in-network provider. With this plan, the dental plan pays a percentage of covered services, and you pay the rest. It also includes deductibles and an annual maximum, although using in-network dentists gives you access to a higher extended annual maximum.

The HumanaDental DHMO plan works a little differently. With this plan, you select a primary care dentist, or PCD, and you receive care through the network, which is only available in Texas. Instead of paying a percentage of the cost, you pay fixed copayments for covered services. The DHMO plan does not have deductibles or annual maximums, which can make out-of-pocket costs more predictable. As you compare the two options, it really comes down to what works best for you and your family.

DENTAL

Tools, Resources, and Support



In this next section, we'll cover tools and resources available to help you get the most out of your dental plan.

Predetermination of dental benefits



Planning for your dental care costs

- Your dentist will likely submit a proposed dental treatment plan and estimate for care that may cost you over $200
- Humana will use this information to let your dentist know if your dental benefits cover the proposed treatment as well as your estimated portion of the cost
- This predetermination of benefits will remain valid for up to 180 days but is not a guarantee of what the plan will pay toward the treatment

A predetermination of benefits can help you plan for dental expenses. If your treatment is expected to cost more than $200, your dentist will often submit a proposed treatment plan and cost estimate to Humana before services are completed.

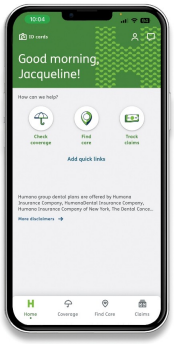
Humana will review that information and let your dentist know whether the proposed treatment is covered under your plan, along with an estimate of your share of the cost.

This review can be a helpful budgeting tool, but it's important to remember that it is not a guarantee of payment. The predetermination is generally valid for up to 180 days, as long as your coverage and plan details remain the same.

Manage your plan using MyHumana

You can use MyHumana to:

- Designate and/or change your PCD (DHMO plan)
- Review claims status
- See how much of your deductible and annual maximum you've used (PPO plan)
- Get your digital member ID cards and add them to your phone's wallet using the MyHumana app
- Find care close to you and get directions
- Review plan information and coverage details for self and dependents under age 18
- Over age 18 dependents can delegate access to the subscriber (member)



Humana at your fingertips

Download and register on the MyHumana App for iOS and Android

MyHumana is your secure member portal—available online and as a mobile app—where you can access your dental plan details, manage your benefits, find providers, and connect with wellness resources anytime.

To activate your account:

1. Go to **ERSdentalplans.com**. You'll need the member ID included in your welcome letter to get started.
2. From there, select **"Sign in to MyHumana"** and then **"Create account."**
3. Enter the requested information.
4. On the next screen, verify your identity using your mobile number or email address.
5. To complete setup, choose **"Humana member ID"** as your verification option, then enter your member ID, date of birth, and ZIP code.

Please note all plan participants aged 18 and older must create their own MyHumana account to access claims and coverage information.

Plan information resources & wellness



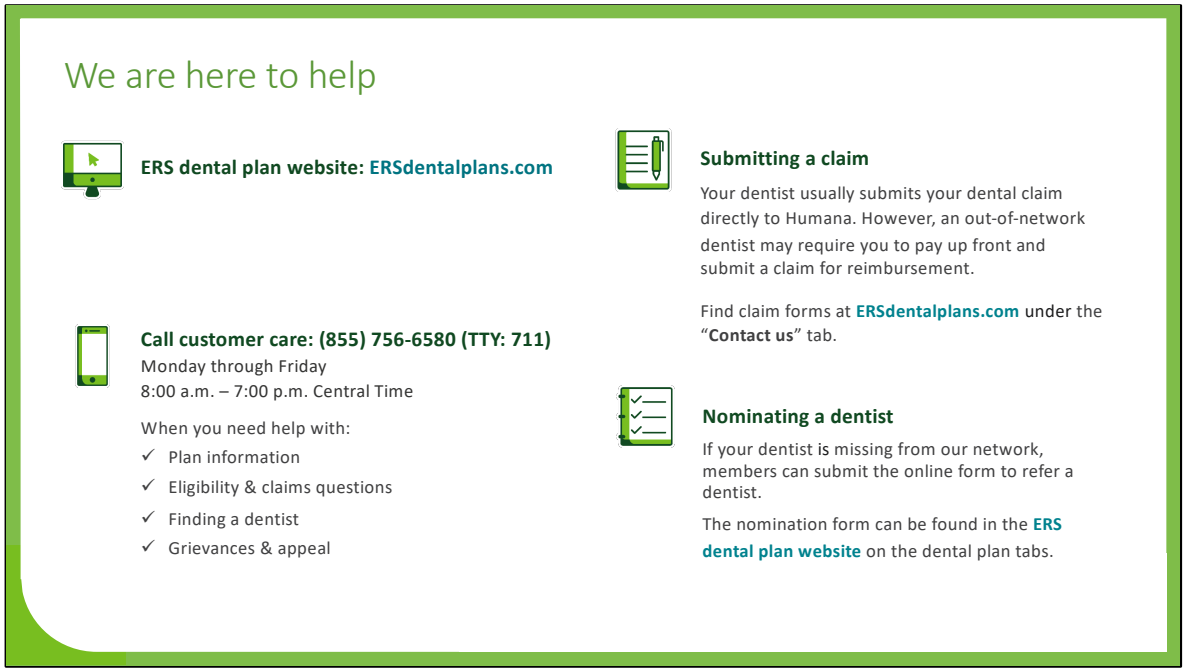
Your ERS dental plan website is your all-in-one spot for your dental plan information. There you can:

- View plan overviews and detailed summaries
- Compare plans
- Review frequently asked questions
- Find a dentist in the network
- Nominate your dentist for the network
- Sign up for a secure MyHumana account
- Find wellness resources and more

Participants can visit the **ERS dental plan website** by using the following URL: **ERSdentalplans.com**

The ERS dedicated Humana Dental website, serves as a central resource for plan information and helpful tools. Participants can use the site to review plan overviews, compare options, explore frequently asked questions, search for in-network dentists, and even nominate a dentist for network participation. The website is also where participants can create a secure MyHumana account and access wellness resources and other support materials.

Participants can visit the following website by using the following URL: **ERSdentalplans.com**. There is also a QR code on this slide that participants can scan for quick access to the website.



We're dedicated to helping manage all aspects of your dental plan and giving you resources to guide you when you need help. Here are the different ways you can connect with Humana to meet your dental plan needs:

ERS Dedicated Humana Dental Website:
You can access your benefit information by visiting **ERSdentalplans.com** for all your ERS Dental Plan information.

Customer Care Support:
You can call Humana's Customer Care team for help with your dental plan, questions about claims, finding a network dentist, or support with grievances or appeals. Our Customer Care representatives are specially trained on the ERS dental plan to provide you with a positive experience. You can reach Humana Customer Care at **(855) 756-6580** (TTY: 711), Monday through Friday, from 8:00 a.m. to 7:00 p.m. Central Time.

Submitting Claims:
Most dentists will submit dental claims to Humana for you. If you see an out-of-network provider who requires you to pay up front, you can submit a claim to Humana for reimbursement. Claim forms are available for download on the ERS Dental Plan website under the 'Contact Us' tab beginning September 1st.

Dentist Nomination:
If your preferred dentist is not currently in Humana's network, you can nominate them to join. The nomination form is available on the ERS Dental Plan website, within the State of Texas Dental Choice PPO and HumanaDental DHMO dental plan tabs near the bottom of the page.

These resources are designed to make it easy for you to get help—whether you need information or assistance with an issue.



Questions?

Thank you for your time and attention today. We appreciate the opportunity to share this information with you and hope this overview has helped you better understand your dental plan options and resources.

At this time, I'd be happy to answer any questions you may have.

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.

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If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operations: 8 a.m. - 8 p.m., Eastern time.

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Mail:
P.O. Box 14618
Lexington, KY 40512-4618

Phone: **877-320-1235 (TTY: 711),**

Email: **accessibility@humana.com**

If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Mail:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building, Washington, DC 20201

Email: **OCRComplaint@hhs.gov**

Phone: **800-368-1019**, **800-537-7697 (TTY/TDD)**.

Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Italiano (Italian): Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

اردو (Urdu): مفت زبان میں مدد کی خدمات حاصل کرنے کے لیے اوپر دیئے گئے نمبر پر کال کریں۔

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