

Your Smile, Your Choice

Compare your dental plan options



You can choose between two dental insurance plans from Delta Dental. Either way, you'll get reliable dentist networks and affordable preventive care, and you won't need an ID card.

$\underline{DENTAL}_{\text{C}} \underline{CHOICE}$

This preferred provider organization (PPO) plan offers convenience and flexibility of choice.

- Visit any licensed dentist, anywhere. You don't have to stay in network to receive coverage, but you can save more with an in-network dentist.
- Get the most from your plan by choosing a Delta Dental PPO[™] dentist. Providers in this network charge less for services. Plus, these dentists can't charge you more than their set fees. If you can't locate a PPO dentist, Delta Dental Premier[®] dentists are your next best option. They charge more for services, making your out-of-pocket costs higher, but you still receive the same plan benefits.
- With either network, covered services are paid based on a percentage. For example, if crowns are covered at 50%, you pay the remaining 50%.
- This plan has annual deductibles and maximums. A deductible is the amount you must pay out of pocket for a type of procedure before your dental plan begins to cover services. A maximum is the total your plan will pay for dental services per person per year. See the other side of this flyer for details.
- Orthodontic treatment is covered for adults and children. Your plan pays 50% of the dentist's charges, and you pay the rest. Your plan pays 50% of the dentist's charges up to the lifetime maximum of \$2,000.

DeltaCare® USA

This dental health maintenance organization (DHMO) plan offers a lower premium and your choice of skilled primary care dentists from the DeltaCare USA network.

- Select a primary care dentist (PCD) from the DeltaCare USA network, and visit this dentist to receive coverage. If you do not see your PCD, you will not receive benefits. You can designate or change your dentist online or by phone.
- Pay only your copayment (preset dollar amount) for most services. These copayments are listed in your plan booklet so you can budget in advance.
- There are no maximums or deductibles.
- If you need to see a specialist, request a referral from your PCD. You'll pay 75% of the specialist's normal fee. Your designated PCD must coordinate a referral to a specialist. If you don't have a designated PCD or a referral from your PCD to a specialist, but you receive services from a specialist, you will have to pay all of the charges.
- Orthodontic treatment is covered for adults and children. You pay 75% of the in-network orthodontist's total cost, and your plan pays the rest. If you receive orthodontic treatment from your PCD, the listed copays apply.

See the next page for more details to help you choose the best plan for your needs.



A DELTA DENTAL

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	State of Texas Dental Choice sm PPO		DeltaCare USA
Can I go to any dentist?	You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist. You can change your dentist at any time without contacting us.		You must designate a DeltaCare USA primary care dentist (PCD) and visit this dentist to receive benefits. Designate your dentist online or by calling Customer Service.
How much does the plan cost?	Your premium is higher for this plan because you have the freedom to use any licensed dentist.		You'll enjoy a lower premium for this plan.
How much is the deductible per calendar year? (You pay the deductible before the plan begins to pay, excluding services billed as preventive.)	In-network dentists: Diagnostic and preventive services (D&P): None Basic and major services: \$50 per person, \$150 per family	Out-of-network dentists: D&P services: \$50 per person, \$150 per family Basic and major services: \$100 per person, \$300 per family	None
How much do I have to pay?	Covered services are paid and you pay the rest. <i>In-network:</i> D&P: Your plan pays 100%, you pay nothing Basic services: Your plan pays 90%, you pay 10% after meeting the basic services deductible Major services: Your plan pays 50%, you pay 50% after meeting the major services deductible	I based on a percentage, Out-of-network: D&P: Your plan pays 90%, you pay 10% after meeting the D&P deductible Basic services: Your plan pays 70%, you pay 30% after meeting the basic services deductible Major services: Your plan pays 40%, you pay 60% after meeting the major services deductible	Most covered services provided by your DeltaCare USA PCD have preset copayments (dollar amounts), which are listed in your plan booklet. For specialty treatment you'll pay 75% of the in-network's dentist's usual fee.
How much does orthodontic treatment cost?	Your plan pays 50%, up to the lifetime maximum of \$2,000. You are responsible for any remaining amounts.		You pay 75% of the in-network orthodontist's usual fee. If you receive orthodontic treatment from your PCD, the listed copays apply.
What are the annual maximums?	\$2,000 per person per calendar year		None
Are my cleanings covered?	You get 2 covered cleanings and exams per calendar year.		You get 2 covered cleanings and exams per calendar year.
How does specialty care work?	Visit any licensed specialist, and pay the applicable coinsurance after meeting your deductible.		You must get a referral to a DeltaCare USA specialist from your designated PCD. You'll pay 75% of the specialist's usual fee.

Questions?

Visit www.ERSdentalplans.com or call us toll-free at (888) 818-7925 (TTY: 711), Monday through Friday, 8 am – 7 pm CT.

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