

DENTAL INSURANCE AND COMPARISON CHART

Dental insurance

ERS offers two dental plans: **State of Texas Dental Choice Plan** (nationwide) and **DeltaCare[®] USA** (only in Texas). Both plans are administered by Delta Dental. If you want to enroll a dependent, you must be enrolled in the same plan; however, you can designate different primary care dentists.

Which plan works best for you?

We recommend reviewing each plan to see how it fits your family's needs. How often do you see the dentist? Are you or your dependent planning to see an orthodontist? If you're considering the dental health maintenance organization, is your preferred dentist in the service area? Review each of the plans before you make a decision. If you have questions, call Delta Dental toll free at **(888) 818-7925 (TTY: 711)**.

| | <small>STATE OF TEXAS</small> DENTAL CHOICE <small>PLAN</small> | DeltaCare [®] USA |
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| | State of Texas Dental Choice Plan PPO This is a preferred provider organization (PPO) dental insurance plan. | DeltaCare USA DHMO This is a dental health maintenance organization (DHMO) insurance plan. |
| | Nationwide | Only in Texas |
| Where can I use this plan? | You can see any dentist in the U.S., Canada or Mexico but you generally pay less if you stay in one of the plan's two networks: <ul style="list-style-type: none"> • Delta Dental PPO • Delta Premier (dentists can charge higher rates) For information about coverage available outside of the U.S., please see the Master Benefits Document online at www.ERSdentalplans.com | Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DeltaCare USA network dentist in your area. |
| Is a primary care dentist (PCD) required? | No , but you pay less if you use an in-network dentist. | Yes . Make sure there is a PCD in your area before enrolling in this plan. You and your enrolled dependents can choose different PCDs. |
| Deductible | Yes . The amount differs for in-network and out-of-network dentists. | No |
| Copays/coinsurance | | Yes , depending on the service. |

Do I need an ID card to see a dentist?

Participating Delta dentists shouldn't require them. If you would like a card, you can download a virtual ID card to your smartphone through the Delta Dental app. You can also download and print your ID information from **ERSdentalplans.com**.

Your covered dependents cannot access the Delta Dental app, and their names aren't listed on the ID card. Providers can verify your dependent's coverage using your dependent's name or your name and the plan ID number.

Check the Discount Purchase Program for dental discounts.

Dental plans comparison chart

This chart is a summary of benefits in the two dental insurance plans. See plan booklets at ERSdentalplans.com for actual coverage and limitations. Delta Dental administers both plans. Before starting treatment, discuss the treatment plan and all charges with your dentist.

| | State of Texas Dental Choice Plan PPO – In-Network | State of Texas Dental Choice Plan PPO – Out-of-Network | DeltaCare® USA DHMO (Services from participating PCDs only) |
|--|--|---|---|
| Dentists | In-network dentist | Out-of-network dentist | You must select a primary care dentist (PCD). NOTE: Not all in-network dentists accept new patients. Dentists are not required to stay on the plan for the entire year. |
| Deductibles | Preventive: Individual-\$0; Family-\$0 Combined Basic/Major: Individual-\$50; Family-\$150 Orthodontic services: no deductible In State of Texas Dental Choice, deductibles are based on the calendar year and reset on January 1. | Preventive: Individual-\$50; Family-\$150 Combined Basic/Major: Individual-\$100; Family-\$300 Orthodontic services: no deductible | None |
| Copays / coinsurance | Preventive and Diagnostic Services: none Basic Services: 10% coinsurance after meeting the basic services deductible Major Services: 50% coinsurance after meeting the major services deductible There is no charge for anything over the allowed amount. After reaching the maximum calendar year benefit, the participant pays 60% until January 1. | Preventive and Diagnostic Services: 10% coinsurance after meeting the preventive and diagnostic deductible Basic Services: 30% coinsurance after meeting the basic services deductible Major Services: 60% coinsurance after meeting the major services deductible Participants may be required to pay the difference between the allowed amount and billed charges. Once the maximum calendar year benefit is reached, the participant pays 100% until January 1. | Primary care dentist (PCD): Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Specialty dentistry: 75% of the dentist's usual and customary fee when specialty care is coordinated by the PCD (DHMO pays nothing) |
| Maximum calendar year benefits | \$2,000 per covered individual (includes orthodontic extractions) plus 40% after maximum calendar year benefit is met | Does not apply to orthodontic services provided by out-of-network dentists (plan pays \$0) | Unlimited |
| Maximum lifetime benefit | \$2,000 per covered individual for orthodontic services | \$2,000 per covered individual for orthodontic services | Unlimited |
| Average cost of cleaning / oral exams | Up to two cleaning/oral exams per calendar year allowed | 10% of the allowed amount after deductible is met Up to two cleaning/oral exams per calendar year allowed | Vary according to service and are listed in the “Schedule of Dental Benefits” booklet Up to two cleaning/oral exams per calendar year allowed |
| Orthodontic coverage | 50% of the allowed amount | 50% of the allowed amount Participants may be required to pay the difference between the allowed amount and billed charges. | Orthodontic services performed by a general dentist listed in the directory with a “0” treatment code: child-\$1,800; adult-\$2,100 Orthodontic services performed by a specialist: 75% of the usual fee (DHMO pays nothing) |