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.

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.

www.ERSdentalplans.com
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, your PCD will coordinate care with a DeltaCare USA specialist. You’ll pay 75% of the specialist’s normal fee.** If you don’t have a designated PCD or don’t coordinate your care through your PCD, 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.
## Compare your dental plan options

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<thead>
<tr>
<th></th>
<th>State of Texas Dental Choice℠ PPO</th>
<th>DeltaCare USA</th>
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</thead>
<tbody>
<tr>
<td><strong>Can I go to any dentist?</strong></td>
<td>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.</td>
<td>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.</td>
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<tr>
<td><strong>How much does the plan cost?</strong></td>
<td>Your premium is higher for this plan because you have the freedom to use any licensed dentist.</td>
<td>You’ll enjoy a lower premium for this plan.</td>
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| **How much is the deductible per calendar year?** | **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 based on a percentage, and you pay the rest.  
**In-network:**  
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  
**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. |
Once a covered person meets the $2,000 per calendar year Maximum Benefit for basic and major services, the Plan will pay 40% of covered services ("40% additional benefit") for eligible services provided by PPO and Premier (in-network) dental providers for the remainder of the calendar year. Non-Delta Dental dentists would not be eligible to be paid the 40% additional benefit under the Plan.

The State of Texas Dental Choice Plan is offered by Employees Retirement System of Texas and administered by Delta Dental Insurance Company. DeltaCare USA is underwritten in Texas by Alpha Dental Programs, Inc. and administered by Delta Dental Insurance Company. Delta Dental is a registered trademark of Delta Dental Plans Association.

Questions?
Visit [www.ERSdentalplans.com](http://www.ERSdentalplans.com), email us at [ERSDentalInfo@delta.org](mailto:ERSDentalInfo@delta.org), or call us toll-free at (888) 818-7925 (TTY: 711), Monday through Friday, 8 am – 7 pm CT.