

DENTAL PLANS

GBP dental plans

- Don't have dental? You can enroll in any one of the three dental plans during Summer Enrollment.
- You must be enrolled in a dental plan before you can enroll eligible dependents, and you and your dependents must be enrolled in the same plan.
- You can also switch your dental plan during Summer Enrollment.

Three dental options

State of Texas Dental Choice PlanSM

This is a preferred provider organization (PPO) dental insurance plan administered by HumanaDental. Use the State of Texas Dental Choice Plan anywhere in the United States or Canada. You can also use this plan in Mexico as long as you live in the United States. You can see any dentist or get a higher benefit by using a network provider.

HumanaDental DHMO

This is a dental health maintenance organization (DHMO) insurance plan administered by HumanaDental. If you live or work in the Texas service area, you can use the HumanaDental DHMO. You'll need to select a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.

You can find a list of providers for the Dental Choice Plan or HumanDental DHMO at HumanaDental.com/ers, or you can also call HumanaDental.

State of Texas Dental Discount PlanSM, administered by Careington International Corporation

This plan provides you with discounted prices on the usual charges for dental treatment and services at participating providers. It's different from a dental insurance plan. The Dental Discount Plan is available throughout the United States, excluding Vermont and U.S. territories, and in the United Kingdom. You can search for providers at careington.com/ers, or you can also call Careington.

Not sure which dental plan might be right for you and your family?

The following charts provide information about the Dental Discount Plan and dental insurance plans. See your PBES for dental rates.

DENTAL PLAN FEATURES

Plan Features	Dental Discount Plan	Dental Insurance
Claim forms and paperwork	X	✓
Copays	X	✓
Deductibles	X	✓
Annual maximums	X	✓
Limits on use	X	✓
Savings on cosmetic services	✓	X

STATE OF TEXAS DENTAL DISCOUNT PLAN SAMPLE SAVINGS

Procedure Description	Regular Cost*	Your Cost**	Your Savings
Adult Cleaning	\$93	\$31	67%
Child Cleaning	\$64	\$23	64%
Routine Checkup	\$50	\$15	70%
Four Bitewing X-Rays	\$63	\$22	65%

*Regular cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2012 FairHealth Report in Houston, Dallas and San Antonio.

**These fees represent the average of the assigned Careington Care 500 Series fees in Houston, Dallas and San Antonio. Percentages may vary by region. Prices subject to change.



Did you know...

HealthSelect of Texas, the Dental Choice Plan and HumanaDental DHMO all offer vision discounts. Visit their websites or call the plans for more information.

Note: ERS cannot and does not guarantee the length of time that a specific type of value-added product will be offered or that a product will be offered in the future.

DENTAL INSURANCE PLANS COMPARISON CHART

	HumanaDental DHMO	State of Texas Dental Choice Plan SM Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
Dentists	Must select a primary care dentist (PCD). Note: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.	In network/participating dentist	Out-of-network/non-participating dentist
Deductibles	None	Preventive-Individual-\$0; Family-\$0 Combined Basic/Major/Prosthodontic-Individual-\$50; Family-\$150 Orthodontic services-no deductible	Preventive-Individual-\$50; Family-\$150 Combined Basic/Major/Prosthodontic-Individual-\$100; Family-\$300 Orthodontic services-no deductible
Copays / Coinsurance*	Primary dentist – Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Specialty dentistry – You pay 75% of the dentist’s usual and customary fee. DHMO pays nothing.	Preventive and Diagnostic Services - You pay nothing. Basic Services - You pay 10% coinsurance after meeting the Basic Services deductible. Major Services - You pay 50% coinsurance after meeting the Major Services deductible. You will not be charged for anything over the allowed amount. After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1.	Preventive and Diagnostic Services - You pay 10% coinsurance after meeting the Preventive and Diagnostic deductible. Basic Services - You pay 30% coinsurance after meeting the Basic Services deductible. Major Services - You pay 60% coinsurance after meeting the Major Services deductible. You may be required to pay the difference between the allowed amount and billed charges. After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1.
Maximum Calendar Year Benefit	Unlimited	\$1,500 (includes orthodontic extractions)	\$1,500 (includes orthodontic extractions)
Maximum Lifetime Benefit	Unlimited	\$1,500 for orthodontic services	\$1,500 for orthodontic services
Average Cost of Cleaning / Oral Exams	Vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Up to two cleaning/oral exams per calendar year allowed.	You pay nothing. 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.
Orthodontic Coverage	Orthodontic services performed by a general dentist listed in the directory with an “0” treatment code – child - \$1,800, adult - \$2,100. Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.

NOTE: This Comparison Chart reflects participant responsibility for services received from participating primary care dentists only. Services from participating specialty dentists are 25% less than the dentist’s usual charge. The Comparison Chart is only a summary of the benefits offered by the two dental insurance plans. See plan booklet for actual coverage and limitations. Prior to starting treatment, discuss with your dentist the treatment plan and all charges. In the State of Texas Dental Choice Plan PPO, deductibles and annual maximums are per calendar year. Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist.

*Services received after the Maximum Calendar Year Benefit is reached will be paid at 40% coinsurance by the plan.