

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.

STATE OF TEXAS
DENTAL 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.
- **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, choose a DeltaCare USA network dentist and pay 75% of the dentist's normal fee.** Your PCD can coordinate a referral to a specialist to help you stay in-network, but a referral is not required. You must designate a PCD in order to receive benefits for specialty services. If you don't have a 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.

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

Compare your dental plan options

	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.)	<p><i>In-network dentists:</i></p> <p>Diagnostic and preventive services (D&P): None</p> <p>Basic and major services: \$50 per person, \$150 per family</p>	<p><i>Out-of-network dentists:</i></p> <p>D&P services: \$50 per person, \$150 per family</p> <p>Basic and major services: \$100 per person, \$300 per family</p>	None			
How much do I have to pay?	<p>Covered services are paid based on a percentage, and you pay the rest.</p> <table border="1"> <thead> <tr> <th><i>In-network:</i></th> <th><i>Out-of-network:</i></th> </tr> </thead> <tbody> <tr> <td> <p>D&P: Your plan pays 100%, you pay nothing</p> <p>Basic services: Your plan pays 90%, you pay 10% after meeting the basic services deductible</p> <p>Major services: Your plan pays 50%, you pay 50% after meeting the major services deductible</p> </td> <td> <p>D&P: Your plan pays 90%, you pay 10% after meeting the D&P deductible</p> <p>Basic services: Your plan pays 70%, you pay 30% after meeting the basic services deductible</p> <p>Major services: Your plan pays 40%, you pay 60% after meeting the major services deductible</p> </td> </tr> </tbody> </table>	<i>In-network:</i>	<i>Out-of-network:</i>	<p>D&P: Your plan pays 100%, you pay nothing</p> <p>Basic services: Your plan pays 90%, you pay 10% after meeting the basic services deductible</p> <p>Major services: Your plan pays 50%, you pay 50% after meeting the major services deductible</p>	<p>D&P: Your plan pays 90%, you pay 10% after meeting the D&P deductible</p> <p>Basic services: Your plan pays 70%, you pay 30% after meeting the basic services deductible</p> <p>Major services: Your plan pays 40%, you pay 60% after meeting the major services deductible</p>	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.
<i>In-network:</i>	<i>Out-of-network:</i>					
<p>D&P: Your plan pays 100%, you pay nothing</p> <p>Basic services: Your plan pays 90%, you pay 10% after meeting the basic services deductible</p> <p>Major services: Your plan pays 50%, you pay 50% after meeting the major services deductible</p>	<p>D&P: Your plan pays 90%, you pay 10% after meeting the D&P deductible</p> <p>Basic services: Your plan pays 70%, you pay 30% after meeting the basic services deductible</p> <p>Major services: Your plan pays 40%, you pay 60% after meeting the major services deductible</p>					
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 visit a DeltaCare USA specialist to receive benefits for specialty care, but you don't need a referral. 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 a.m. – 7 p.m. CT.

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.