

# DENTAL INSURANCE AND COMPARISON CHART



## State of Texas Dental Choice Plan<sup>SM</sup>

This is a preferred provider organization (PPO) dental insurance plan. You can see any dentist you want, but you generally pay less if you stay in one of these networks:

- Delta Dental PPO
- Delta Premier

You get the same coverage in either network. Delta Premier dentists can charge higher rates for the same covered services, so you might pay less in the Delta Dental PPO network.

Visit an in-network dentist to ensure you don't pay more than what's covered by Delta Dental. Out-of-network dentists could charge more.

Dental services performed outside the United States will be processed as an out-of-network benefit, reimbursable to the participant in U.S. currency.

## DeltaCare<sup>®</sup> USA

### DeltaCare USA

This is a health maintenance organization dental insurance plan.

- 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.
- You must choose a primary care dentist (PCD) from the list of approved providers. You and your enrolled dependents can choose different PCDs.
- Services from in-network specialty dentists cost 25% less than the dentists' usual charges when your PCD coordinates specialty care.



### Check the Discount Purchase Program for dental discounts

The Discount Purchase Program<sup>SM</sup>, administered by Beneplace, offers dental discount programs and discounted dental services. View them at [beneplace.com/discountprogramers/](https://www.beneplace.com/discountprogramers/). You'll need to register using your email address.

## Dental plans comparison chart

This chart is a summary of benefits in the two dental insurance plans. See plan booklets at [www.ERSdentalplans.com](http://www.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)
<b>Dentists</b>	<b>In-network dentist</b>	<b>Out-of-network dentist</b>	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.
<b>Deductibles</b>	<b>Preventive:</b> Individual–\$0; Family–\$0 <b>Combined Basic/Major:</b> Individual–\$50; Family–\$150 <b>Orthodontic services:</b> no deductible  In State of Texas Dental Choice, deductibles are based on the calendar year and reset on Jan. 1.	<b>Preventive:</b> Individual–\$50; Family–\$150 <b>Combined Basic/Major:</b> Individual–\$100; Family–\$300 <b>Orthodontic services:</b> no deductible	None
<b>Copays / coinsurance</b>	<b>Preventive and Diagnostic Services:</b> none <b>Basic Services:</b> 10% coinsurance after meeting the basic services deductible <b>Major Services:</b> 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.	<b>Preventive and Diagnostic Services:</b> 10% coinsurance after meeting the preventive and diagnostic deductible <b>Basic Services:</b> 30% coinsurance after meeting the basic services deductible <b>Major Services:</b> 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.	<b>Primary care dentist (PCD):</b> Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. <b>Specialty dentistry:</b> 75% of the dentist’s usual and customary fee when specialty care is coordinated by the PCD (DHMO pays nothing)
<b>Maximum calendar year benefits</b>	\$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
<b>Maximum lifetime benefit</b>	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services	Unlimited
<b>Average cost of cleaning / oral exams</b>	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
<b>Orthodontic coverage</b>	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	<b>Orthodontic services performed by a general dentist listed in the directory with a “0” treatment code:</b> child–\$1,800; adult–\$2,100 <b>Orthodontic services performed by a specialist:</b> 75% of the usual fee (plan pays \$0)