Helpful tip: Find a list of providers for State of Texas Dental Choice℠ or the HumanaDental DHMO at https://our.humana.com/ers/ or by calling HumanaDental at (877) 377-0987, TTY: 711.

State of Texas Dental Choice
This is a preferred provider organization (PPO) dental insurance plan.

- You can see any provider, but you will pay less if you see one who is in the HumanaDental PPO.
- Benefits are available in the United States and Canada, and Mexico if you live in the United States.

HumanaDental Dental Health Maintenance Organization
This is a dental health maintenance organization (DHMO) dental insurance plan.

- Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DHMO network dentist in your area.
- You must select a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different primary care dentists.
- Services from participating specialty dentists cost 25% less than the dentist's usual charge.

State of Texas Dental Discount Plan℠
This is not a dental insurance plan.

- You receive discounted prices – 20% to 60% off – on usual charges for dental treatment and services at participating providers.
- There are no claim forms, copays, deductibles, annual maximums or limits on use.

Dental discount plan features

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Dental Discount Plan</th>
<th>Dental Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim forms and paperwork</td>
<td>–</td>
<td>✓</td>
</tr>
<tr>
<td>Copays</td>
<td>–</td>
<td>✓</td>
</tr>
<tr>
<td>Deductibles</td>
<td>–</td>
<td>✓</td>
</tr>
<tr>
<td>Annual maximums</td>
<td>–</td>
<td>✓</td>
</tr>
<tr>
<td>Limits on use</td>
<td>–</td>
<td>✓</td>
</tr>
<tr>
<td>Savings on cosmetic services</td>
<td>✓</td>
<td>–</td>
</tr>
</tbody>
</table>
## Dental insurance plans comparison chart

<table>
<thead>
<tr>
<th>Dentists</th>
<th>State of Texas Dental Choice Plan&lt;sup&gt;SM&lt;/sup&gt; Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company</th>
</tr>
</thead>
</table>
| You 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**  
Preventive-Individual-$0; Family-$0  
Combined Basic/Major  
-Individual-$50; Family-$150  
Orthodontic services-no deductible  
Preventive-Individual-$50; Family-$150  
Combined Basic/Major  
-Individual-$100; Family-$300  
Orthodontic services-no deductible  
**Out-of-network/ non-participating dentist**  
You may be required to pay the difference between the allowed amount and billed charges. |

| Deductibles | 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.  
You may be required to pay the difference between the allowed amount and billed charges. |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------|
| None | 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.  
You may be required to pay the difference between the allowed amount and billed charges. |

| Copays/ coinsurance | 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.  
You may be required to pay the difference between the allowed amount and billed charges. |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 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 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.  
You may be required to pay the difference between the allowed amount and billed charges. |

<table>
<thead>
<tr>
<th>Maximum calendar year benefit</th>
<th>Unlimited</th>
<th>$1,500 per covered individual (includes orthodontic extractions)</th>
<th>$1,500 per covered individual (includes orthodontic extractions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum lifetime benefit</td>
<td>Unlimited</td>
<td>$1,500 per covered individual for orthodontic services</td>
<td>$1,500 per covered individual for orthodontic services</td>
</tr>
</tbody>
</table>

| Average cost of cleaning / oral exams | 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 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. |
|--------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| 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 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. |

| 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.  
You 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 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.  
You may be required to pay the difference between the allowed amount and billed charges. |

**NOTE:** The comparison chart is 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.

1 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.

2 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.

3 Services received after the maximum calendar year benefit is reached will be paid at 40% coinsurance by the plan.