





## Dental Insurance

DeltaCare® USA DHMO	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 9.59	\$ 9.78	\$ 14.39	Spouse Only	\$ 9.59
You + Spouse	19.18	19.56	28.77	Spouse + Children	23.02
You + Children	23.02	23.48	34.53	Children Only	13.43
You + Family	32.59	33.24	48.89		

State of Texas Dental Choice Plan (Same as Plan Year 8 23)	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 28.73	\$ 29.30	\$ EMC0	Spouse Only	\$ 28.73

(Same as Plan Year 8 23)

	Surviving Dependents
You Only	6.92 Spouse Only \$ 4761

## Tobacco-user Premium

If you and/or a family member enrolled in medical insurance is certified as a tobacco-user, you will pay an additional tobacco-user premium of \$30, \$60 or \$90 each month, depending on how many tobacco-users or uncertified family members you cover.

Tobacco-users of Any Age and Adults age 18 and over Who Fail to Certify	Monthly Tobacco-user Premium

\*The charge for a child is the same regardless of how many children in the household use tobacco or how many covered children age 18 or over are not certified.

If you are a tobacco-user, you may be able to participate in an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations. Please visit **Tobacco-Policy-and-Certification** for more information.

---

---

---

---

---