

Your dental plan

2022 Open Enrollment

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Your more-than-a-plan partner >

We're 26,000 partners strong, working together to support your health every day. For you, it's a top-rated Member Services team – here to help you understand your plan and answer your questions. It's a plan you can understand, benefits that benefit you, and a commitment to lower costs. Partnership – it means we're in this together.



Getting started

The more you know about your dental plan, the easier it is to make good decisions for your health and wallet. We're happy you're trusting HealthPartners. Here are some tips.

Understand your costs

You'll likely see the terms below during enrollment and throughout the year. Knowing how these costs work with your plan will help you avoid unexpected charges.

- **Premium** – how much you pay for your dental plan, usually taken out of your paycheck.
- **Deductible** – the amount you're responsible to pay for care before your dental plan helps cover costs, not including your premium.
- **Coinsurance** – a percent of the bill you pay. Your plan covers the rest.
- **Annual maximum** – the total amount your plan will pay for the year. You'll be in charge of paying all costs after that.
- **Summary of Benefits (SOB)** – lists out the coverage amounts for your plan.

Use your online account

With an online account, you can get up-to-date personal dental plan information in one simple place.

- See claims and how much you could owe.
- Search for dentists in your network.
- Check your deductible or annual maximum spending.
- View your member ID card.
- Manage your health on the go with the myHP mobile app.

What to do next

- **Call us** with questions at **952-883-5000 or 800-883-2177**
- **Sign in** or create an account at **healthpartners.com**

We can help you make choices you'll feel good about.



I'm thankful I had someone to help me understand my own health insurance. I can walk you through your plan now, so you're prepared when you use it later.

Lauren, Member Services

Dental Open Access plan

A healthy mouth may help decrease the risk of diabetes, heart attacks and strokes. That's why your dental plan covers 100% of all in-network preventive care.

What your plan pays for

Preventive care is covered at no cost to you when you see a network dentist. It also helps cover:

- HealthPartners MouthWise Matters – extra exams, gum care and cleaning covered 100% in network if you're pregnant, or if you have diabetes and are at risk of gum disease
- The cost of other dental care at the amounts shown in your Summary of Benefits

Plan highlights

The Open Access network is where we negotiated lower fees for you. Plus, it's where you'll get the highest level of coverage.

TIP: You'll pay less if you see a dentist in the Open Access network, more for an out-of-network dentist.

How to get more info

- **See plan details** in your **Summary of Benefits (SOB)** in your enrollment materials
- **Call us** with questions at **952-883-5000 or 800-883-2177**
- **Search the network** for your dentist or find a new one at **healthpartners.com/dentalopenaccess**

Where you can get care

You pick where you want to go, and you get to choose from our largest network of dentists and clinics.

What you'll pay

Deductible or coinsurance

Things like getting a cavity filled might cost a deductible – the amount you have to pay before your plan helps with the cost. There's also coinsurance, which is a percent of the bill.

Annual maximum

Your dental plan max is a bit different than your medical plan. It's the most your plan will pay for dental care each year. You're in charge of the rest.

HealthPartners MouthWise Matters

Extra dental care for your gums

We share tips to keep your teeth healthy and help you feel your best. You also get important benefits, like those that help pregnant women and people with diabetes.

What it covers

If you're living with diabetes or are pregnant and at risk of gum disease, MouthWise Matters covers:

- 100% of services to help control gum disease
- Extra dental checkups and cleanings
- Root planing and scaling – a deep cleaning for your teeth

All other services, like fillings and root canals, are covered according to your Summary of Benefits.

How it works

It's easy to get the care you need to stay healthy:

- Visit a network dentist
- Get 100% coverage on medically necessary gum treatment

When gum treatment is needed, there's no coinsurance or deductible. Plus, your plan will pay even if you've reached your annual maximum for the year.

How to get more info

- **See plan details** in your **Summary of Benefits (SOB)** in your enrollment materials
- **Call us** with questions at **952-883-5000 or 800-883-2177**



As a dentist, I see how oral health affects overall health. MouthWise Matters helps pregnant women and people with diabetes maintain their health affordably.

David, Dentist



Voluntary Open Access Dental Plan

Support Staff of ISD 196 Effective 7/1/2022

Rates **Single:** \$40.44

Single +1: \$82.92

Family: \$133.37

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at 952-883-5000 or 800-883-2177.

Plan highlights	In-network	Out-of-Network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider*
Annual Maximum	Annual maximums are combined across all tiers	
Annual maximum	Plan pays \$1,000 per plan year	Plan pays \$1,000 per plan year
Implant maximum <i>included in annual maximum</i>	Plan pays \$500 per plan year	Plan pays \$500 per plan year
Deductible	Deductibles are combined across all tiers	
- Applies to Basic Care, Special Care & Prosthetics	\$50 per person \$150 per family per calendar year	\$50 per person \$150 per family per calendar year
Preventive and Diagnostic Care		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay 20%
- Sealants	You pay 20%	You pay 20%
Basic Care		
Basic Care I		
- Fillings (amalgam and anterior composite)	You pay 20%	You pay 20%
- Posterior composite (white) fillings	You pay 50%	You pay 50%
- You also pay the difference between the amalgam and composite fee		
- Simple extractions	You pay 50%	You pay 50%
- Non-surgical periodontics	You pay 50%	You pay 50%
- Endodontics (root canal therapy)	You pay 50%	You pay 50%
Basic Care II		
- Surgical periodontics	You pay 50%	You pay 50%
- Complex oral surgery	You pay 50%	You pay 50%
Special Care *12 month waiting period		
- Restorative crowns & onlays	You pay 50%	You pay 50%
Prosthetics *12 month waiting period		
- Bridges, dentures & partial dentures	You pay 50%	You pay 50%
- Dental implants	You pay 50%	You pay 50%

* If your out-of-network dentist charges more than the maximum allowable amount, you may be responsible for the difference.

Emergency Care

Refer to the Group Dental Member Contract for coverage of emergency dental services.

Diabetes and Pregnancy: Additional periodontal services (exams, cleanings, scaling and root planing, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network. Deductibles, annual maximums, and frequency limitations will be waived on these specific services for members referred into the program by a HealthPartners network dentist.

**Waiting Periods:

For new employees and those not covered by an existing dental plan, the stated waiting periods apply. For those employees who have continuous, similar coverage, all waiting periods are waived.

Benefit Limitations

- Coverage for dental exams limited to twice each plan year.
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each plan year.
- Sealants limited to one application per tooth once every three years.
- Coverage for professionally applied topical fluoride limited to once each plan year, for members under age 19.
- Coverage for bitewing x-rays limited to once each plan year.
- Full mouth or panoramic x-rays limited to once every three years.
- Oral hygiene instruction limited to once per enrollee per lifetime.
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19.
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.
- Dental services related to the replacement of any missing teeth prior to the member's effective date are covered when services are performed by a provider in the HealthPartners Dental Open Access Network.
- Non-surgical and surgical periodontics limited to once in two years.

THIS IS A BENEFIT SUMMARY SHEET ONLY. THIS DENTAL PLAN MAY NOT COVER ALL YOUR DENTAL CARE EXPENSES. FOR COMPLETE INFORMATION ABOUT BENEFITS AND SERVICES, ASK YOUR EMPLOYER OR CALL THE MEMBER SERVICES INFORMATION LINE AT (952) 883-5000 OR CALL TOLL FREE AT 1-800-883-2177.

Our mission:

We seek to improve health and well-being in partnership with our members, patients and community.

Here for you, 24/7

Call us at one of these numbers if you have questions about your health or what your plan covers. We're ready to help.

Member Services

For questions about:

- Your coverage, claims or plan balances
- Finding a doctor, dentist or specialist in your network
- Finding care when you're away from home
- Dental plan services, programs and discounts

Monday – Friday,
7 a.m. to 6 p.m. CT
Call the number on the back
of your member ID card,
952-883-5000 or 800-883-2177
Interpreters are available if you
need one.
Español: **866-398-9119**
healthpartners.com

CareLineSM service nurse line

For questions about:

- Whether you should see a doctor
- Home remedies
- A medicine you're taking

24/7, 365 days a year
800-551-0859

BabyLine phone service

For questions about:

- Your pregnancy
- The contractions you're having
- Your new baby

24/7, 365 days a year
800-845-9297



One thing I love about my job is how my team
helps people all day, every day.

Rachel, Registered Nurse, CareLine

Take charge of your dental plan

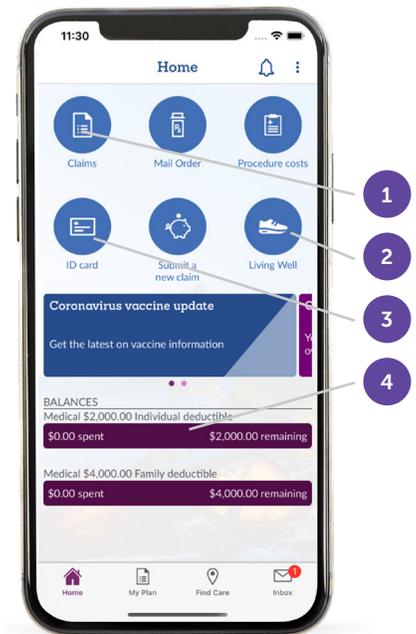
You go online to research, plan and follow up on big decisions. A HealthPartners online account makes it just as easy to stay on top of your dental care and insurance.

Get personalized information when and where you need it

With a HealthPartners online account, you have real-time access to your personal dental plan information in one simple place. No more guessing or waiting until business hours to get answers to your questions.

Top 4 ways to use your online account and mobile app

1. See recent claims, what your plan covered and how much you could owe.
2. **NEW!** Access your Living Well dashboard to check your program progress, take the health assessment and complete activities.
3. View your HealthPartners member ID card and fax it to your dentist's office.
4. Check your balances, including how much you owe before your plan starts paying (deductible) and the most your plan will pay (annual maximum).



Sign in to your account

Manage your health and your plan at healthpartners.com.

Don't have an account yet? It's quick and easy to sign up— you'll just need your member ID card.



I love directing members to their online accounts and the mobile app. You can easily get your dental plan info, even when I'm not in the office.
Marissa, Member Services

Living healthier just got a little less expensive

Get special savings from handpicked retailers as a HealthPartners member. There are lots of products and services available to you at a discounted rate – all designed to help you live healthy every day.

See where you can save

Visit healthpartners.com/discounts for a list of participating retailers and discounts.

Save big by showing your member ID card to participating retailers

Save money on:

- Eyewear
- Exercise equipment
- Fitness and well-being classes
- Eating well
- Healthy mom and baby products
- Hearing aids
- Orthodontics
- Pet insurance
- Swim lessons
- And more!

Discounts on gym memberships

GlobalFit's Gym Network 360

Provides discounts on memberships at more than 11,000 fitness centers, weight loss programs and wellness brands

The Active&Fit Direct™ program

Offers more than 11,000 fitness centers nationwide for a flat monthly fee



Making healthy choices is easier when it doesn't break the bank. I always say taking advantage of these discounts is a great way to make the most out of your health plan.

Dan, Member Services

Our approach to protecting personal information

HealthPartners® complies with all applicable laws regarding privacy of health and other information about our members and former members. When needed, we get consent or authorization from our members (or an authorized member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices support compliant, appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, our patients and the community, while being sensitive to privacy. For a copy of our Notice of Privacy Practices, visit our website or call Member Services.

Benefit limitations for dental plans

After you enroll, you'll receive plan materials that explain exact coverage terms and conditions. This plan doesn't cover all dental care expenses. In general, services not provided or directed by a licensed provider aren't covered.

HERE IS A SUMMARY OF EXCLUDED OR LIMITED ITEMS (THESE MAY VARY DEPENDING ON YOUR PLAN):

- Coverage for dental exams limited to twice each calendar year.
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year.
- Sealants limited to one application per tooth once every three years.
- Coverage for professionally applied topical fluoride limited to once each calendar year for members under age 19.
- Coverage for bitewing X-rays limited to once each calendar year.
- Full mouth or panoramic X-rays limited to once every three years.
- Oral hygiene instruction limited to once per enrollee per lifetime.
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19.
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.
- Dental services related to the replacement of any teeth missing prior to the member's effective date are covered when services are performed by a provider in the HealthPartners dental network.
- Non-surgical and surgical periodontics limited to once every two years.

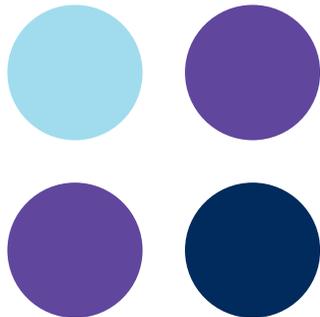
Important information on provider reimbursement

Our goal in reimbursing providers is to provide affordable care for our members while encouraging quality care through best care practices and rewarding providers for meeting the needs of our members. Several different types of reimbursement arrangements are used with providers. All are designed to achieve that goal. Check with your individual provider to find out how they are paid.

ARRANGEMENTS USED FOR DENTAL PLANS:

- **Fee-for-service** – the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – the provider sends us a bill, and we've already negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Salary** – with a possible additional payment made based on performance criteria, such as quality of care and patient satisfaction measures.
- **Capitated** – the provider group receives a set fee for each month for each member enrolled in the provider group's clinic, regardless of how many or what type of services the member actually receives. Provider groups are required to manage the budget for their entire patient panel appropriately.
- **Combination** – more than one of the methods described are used. For example, we may capitate a provider for certain types of care and pay that same provider on a fee-for-service basis for other types of care. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

This plan may not cover all your health care expenses. Read your plan materials carefully to determine which expenses are covered. For details about benefits and services, go to healthpartners.com or call Member Services at **952-883-5000** or **800-883-2177**.



Thanks for calling HealthPartners

Our Member Services team loves to help and there's no better time than now. Give us a call if you have questions about your plan or even if you just want to get to know your plan a little better. Making sure you understand your health plan is just the first way we help you stay healthy.

Member Services

952-883-5000 or **800-883-2177**

Monday – Friday, 7 a.m. to 6 p.m., CT

healthpartners.com