



# Open Access Choice Dental Plan

South St Paul Public Schools

Effective 1/1/2022

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*
<b>Annual Maximum</b>	<b>Annual maximums are combined across all tiers</b>	
<b>Annual maximum</b>	Plan pays \$2,000 per calendar year	Plan pays \$1,000 per calendar year
<b>Implant maximum</b> <i>included in annual maximum</i>	Plan pays \$500 per calendar year	Plan pays \$500 per calendar year
<b>Deductible</b>	<b>Deductibles are combined across all tiers</b>	
- Applies to Basic Care, Special Care & Prosthetics	None	\$25 per person \$75 per family per calendar year
<b>Preventive and Diagnostic Care</b>		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay 20%
- Sealants	You pay nothing	You pay 20%
<b>Basic Care</b>		
<b>Basic Care I</b>		
- Fillings (amalgam and anterior composite)	You pay nothing	You pay 20%
- Posterior composite (white fillings)	You pay 20%	You pay 20%
You also pay the difference between the amalgam and composite fee		
- Simple extractions	You pay 20%	You pay 50%
- Non-surgical periodontics	You pay 20%	You pay 50%
- Endodontics (root canal therapy)	You pay 20%	You pay 50%
<b>Basic Care II</b>		
- Surgical periodontics	You pay 20%	You pay 50%
- Complex oral surgery	You pay 20%	You pay 50%
<b>Special Care</b>		
- Restorative crowns & onlays	You pay 50%	You pay 50%
<b>Prosthetics</b>		
- 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.

### Benefit Limitations

- 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 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 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.*