

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials.

Plan highlights	In-network	Out-of-Network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider *
Dental Plan Parameters		
	Annual Maximums & Deductibles are combined across all tiers	
- Annual maximum	Level 1: \$1,000 per calendar year Level 2: \$1,000 per calendar year	\$1,000 per calendar year
- Individual Deductible (Applies to Basic Care, Special Care & Prosthetics)	Level 1: None Level 2: None	None
- Family Deductible (Applies to Basic Care, Special Care & Prosthetics)	Level 1: None Level 2: None	None
Preventive and Diagnostic Care		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	Level 1: 100% Level 2: 80%	80%
- Sealants	Level 1: 80% Level 2: 80%	80%
Basic Care		
Basic Care I		
- Fillings (amalgam and anterior composite)	Level 1: 80% Level 2: 80%	80%
- Posterior composite (white fillings)	Level 1: 80% Level 2: 80%	80%
- Simple extractions	Level 1: 80% Level 2: 80%	80%
- Non-surgical periodontics	Level 1: 80% Level 2: 80%	80%
- Endodontics (root canal therapy)	Level 1: 80% Level 2: 80%	80%
Basic Care II		
- Surgical periodontics	Level 1: 80% Level 2: 80%	80%
- Complex oral surgery	Level 1: 80% Level 2: 80%	80%
Special Care		
- Restorative crowns & onlays	Level 1: 80% Level 2: 80%	80%
Prosthetics		
- Bridges, dentures & partial dentures	Level 1: 50% Level 2: 50%	50%
- Dental implants	Level 1: 50% Level 2: 50%	50%

Plan highlights	In-network	Out-of-Network
Orthodontic Services	Orthodontic lifetime maximums are combined in and out-of-network	
- Orthodontic care for dependents age 18 or under	Level 1: Plan pays 50% up to \$1500 lifetime Maximum Level 2: Plan pays 50% up to \$1500 lifetime Maximum	Plan pays 50% up to \$1500 lifetime Maximum

** 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
<ul style="list-style-type: none"> - Coverage for dental exams limited to twice each calendar year. - Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year. - 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 Tiered PPO Network A. - Non-surgical and surgical periodontics limited to once in two years.
<p>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.</p>

Our mission:

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