



Your health plan

2026 Benefits and Support

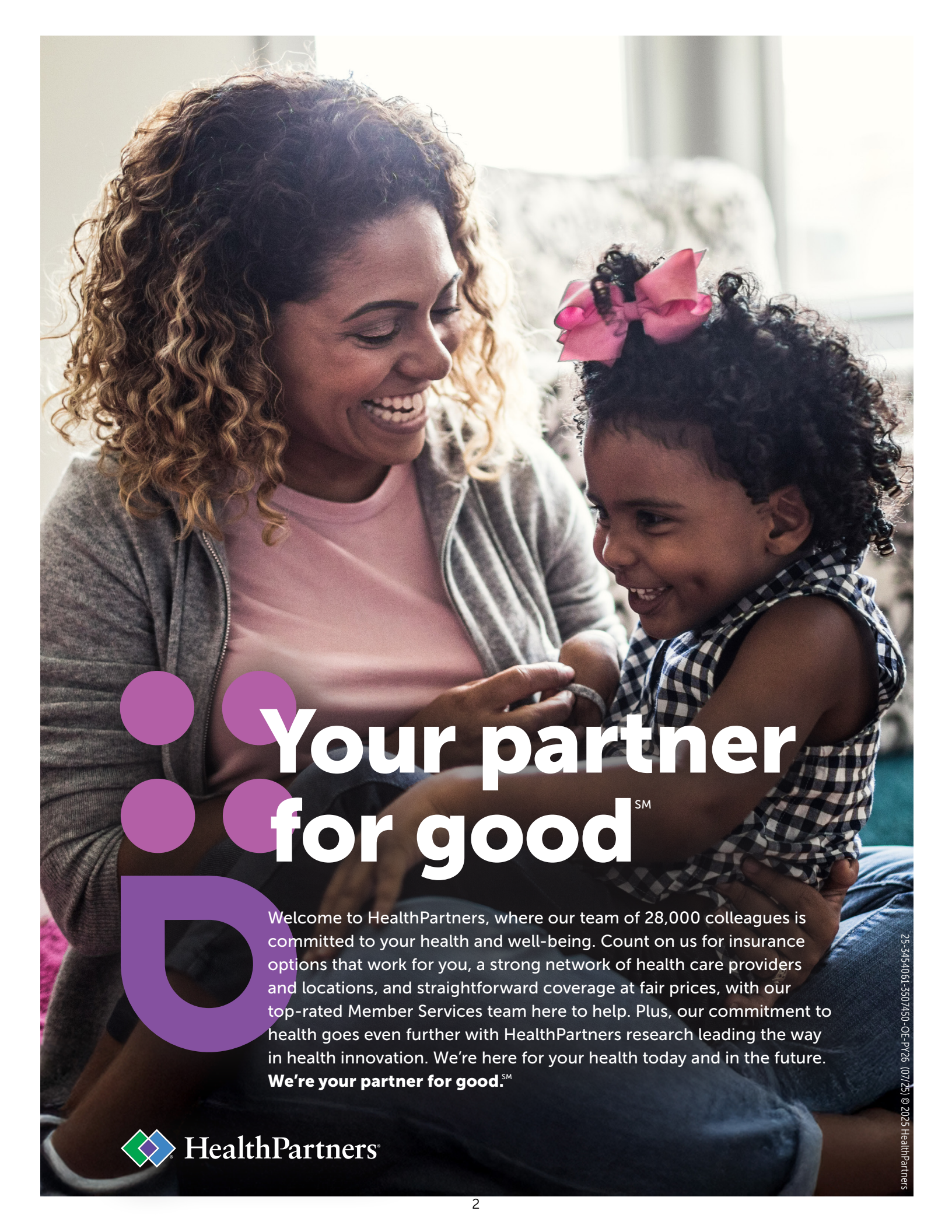
Introduction 3

Your dental plan benefits 4

Extra support 8

Your dental plan benefits 9

Extra support 10



Your partner for goodSM

Welcome to HealthPartners, where our team of 28,000 colleagues is committed to your health and well-being. Count on us for insurance options that work for you, a strong network of health care providers and locations, and straightforward coverage at fair prices, with our top-rated Member Services team here to help. Plus, our commitment to health goes even further with HealthPartners research leading the way in health innovation. We're here for your health today and in the future.

We're your partner for good.SM



HealthPartners®

Make the most of your plan

The more you know about your plan, the easier it is to make good decisions for your health and budget.

Get started

- **Learn how health insurance works**, plus get tips and support at healthpartners.com/insurance101
- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Sign in or create your account** to explore your personalized plan resources at healthpartners.com/members

Understand your costs and available perks

What you pay for your plan depends on a few factors. These include your premium and your deductible. The amount you pay for your health plan each month is called a premium, usually taken out of your paycheck.

Your deductible is the amount you have to pay each year before your plan begins to pay. For example, if your annual deductible is \$500, your plan won't pay for most of your care until you've paid \$500 out of your own pocket for things like doctor visits and X-rays. With most plans, once you hit your deductible, you'll pay only a portion of the costs after that.

Usually, a plan with a lower premium will have a higher deductible and out-of-pocket maximum. On the other hand, a higher premium can mean a lower deductible or copay. The best choice for you and your family can depend on what you think your care needs will be in the upcoming year.

Learning more about your plan can help you anticipate costs, and take advantage of any perks, special programs or discounts that may be available to you.

Learn how to use your network

You'll get the most value with in-network care. Your provider's office may not be able to confirm your specific coverage, so it's best to check your plan first. Create or sign in to your account on our website, or call the number on your ID card.

Get connected to personalized plan information

Your online account gives you up-to-date plan information in one simple place.

- See alerts and recommendations based on your health
- Get cost estimates for care
- View recent claims and how much you could owe
- Quickly access your member ID card (and for eligible family members)
- Search for in-network providers
- Check your spending amounts
- Review your formulary (drug list) and compare prescription costs (if applicable)
- Get the HealthPartners mobile app and manage your health on the go

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.

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/dentaltieredA**

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

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.

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.

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.

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
Implant maximum <i>included in annual maximum</i>	Level 1: \$500 Level 2: \$500	\$500
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
- 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.

Unlock extra dental health benefits

Your dental health has an impact on your overall health. And when your dental health needs extra care, MouthWise Matters provides added benefits for people who are pregnant or living with diabetes.

Get started

- **Learn how health insurance works**, plus get tips and support at healthpartners.com/insurance101
- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Sign in or create your account** to explore your personalized plan resources at healthpartners.com/members

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.

We're here to help

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

Save on braces

Your HealthPartners dental plan comes with great discounts, especially for orthodontics.

Smile with savings

As a HealthPartners dental member, you get great savings at leading orthodontic clinics in the Twin Cities. Whether it's for you or your child, you'll save money on a great smile.

How it works

Visit one of our participating orthodontic clinics and show your HealthPartners member ID card.* The discount may vary by clinic. You can save hundreds on straightening that smile.

Where you can get care

Visit these clinic websites to find your convenient location:

HealthPartners Orthodontics – healthpartners.com/orthodontics

Smile Orthodontics – smileortho.net

The Dental Specialists Orthodontics – smiletdds.com

Get started

- **Learn how health insurance works**, plus get tips and support at healthpartners.com/insurance101
- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Sign in or create your account** to explore your personalized plan resources at healthpartners.com/members

TIP: You may be able to save more money by using dollars set aside through a Health Saving Account (HSA) or a Flexible Spending Account (FSA) available through your employer. In most cases, you can use HSA or FSA dollars for eligible orthodontic treatment.

*Just show your HealthPartners member ID card. Not valid with other offers. Not available to Medicare or government health programs. Discount is based on a percentage of billed charges and may vary by clinic. Contact Member Services for more information about the discount available at participating clinics.

Quit for good

Quitting tobacco and vape may be one of the hardest things you'll ever do. You don't have to do it alone. We're here to help.

Get help from a health coach

Work with a health coach to set goals around tobacco use and vaping that fit your lifestyle. You'll get support and encouragement to reach your goals and live nicotine free. Plus, you can schedule phone calls or email your health coach when it works best for you.

Work at your own pace to:

- Beat cravings
- Relieve stress
- Deal with tempting social situations
- Adjust to life without tobacco and vape
- Feel great

Medicine to support quitting

Your health plan might pay for medicines to help you quit. Visit healthpartners.com/formulary to view your formulary. Or call our Member Services team at the number on the back of your member ID card.

Digital smoking cessation resources

Pivot is an app-based cessation program to help you quit cigarettes, cigars and all smokeless tobacco products.

- Visit pivot.co/healthpartners to get started.

How to get started

Call **800-311-1052** to sign up with a health coach.

Assist America®

Travel anywhere, worry-free

Whether you're traveling abroad or just out of town for the weekend, you can feel confident you're in good hands when the unexpected happens.

Get 24/7 help

Assist America provides all the support you need when you're more than 100 miles from home.

- Coordinating transport to care facilities or back home
- Filling lost prescriptions
- Finding good doctors
- Getting admitted to the hospital
- Pre-trip info, like immunization and visa requirements
- Tracking down lost luggage
- Translator referrals
- And more!

How to get started

- Download your **Assist America ID card** at healthpartners.com/getcareeverywhere
- Get the **Assist America app** and enter HealthPartners reference number **01-AA-HPT-05133**

Our approach to protecting personal information

MN and W-WI, ND, SD® 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 reimburse based on a combination of fee schedule and discount arrangement.

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**.
