HealthPartners

Independent School District #318 (Grand Rapids Public Schools)

DEN Open Access Choice w/ Wait Periods

2025 Dental Plan

7-1-2025

Click here for the Network Directory

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	$1,250 per calendar year	$1,250 per calendar year
- Individual Deductible (Applies to Basic Care, Special Care & Prosthetics)	$50	$50
- Family Deductible (Applies to Basic Care, Special Care & Prosthetics)	$150	$150
Implant maximum *included in annual maximum*	Unlimited	Unlimited
Preventive and Diagnostic Care		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	100%	100%
- Sealants	100%	100%
Basic Care		
Basic Care I		
- Fillings (amalgam and anterior composite)	80%	80%
- Posterior composite (white fillings)	50%	50%
- Simple extractions	80%	80%
- Non-surgical periodontics	80%	80%
- Endodontics (root canal therapy)	80%	80%
Basic Care II		
- Surgical periodontics	50%	50%
- Complex oral surgery	50%	50%
Special Care		
- Restorative crowns & onlays	50%	50%
Prosthetics		
- Bridges, dentures & partial dentures	50%	50%
- Dental implants	50%	50%
Orthodontic Services	**Orthodontic lifetime maximums are combined in and out-of-network**	
- Orthodontic care for all ages	NO COVERAGE	NO COVERAGE
Dental Waiting Periods**		
- Basic I waiting period	No waiting period	No waiting period
- Basic II waiting period	No waiting period	No waiting period
- Special restoratives waiting period	12 month(s)	12 month(s)
- Prosthetics waiting period	12 month(s)	12 month(s)
- Implants waiting period	12 month(s)	12 month(s)
- Orthodontics waiting period	No waiting period	No waiting period

Independent School District #318 (Grand Rapids Public Schools)

DEN Open Access Choice w/ Wait Periods

2025 Dental Plan

7-1-2025

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

*** 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.*

Little Partners℠ Benefit: Services for children 12 years old and under will be covered at 100% without deductible, annual maximum, or frequency limitations, when provided by a HealthPartners network dentist. Excluded services: Orthodontics, dental implants, and services that are not covered for all members.

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.