

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 1-800-883-2177.

Plan highlights Partial listing of covered services	Benefit Level 1 Care from a network benefit level 1 provider	Benefit Level 2 Care from a network benefit level 2 provider	Out-of-network Care from an out-of- network provider
Annual Maximum	Annual maximums are combined across all tiers		
Annual maximum	\$1,000 per calendar year	\$750 per calendar year	\$500 per calendar year

Deductible	Deductibles are combined across all tiers		
<ul style="list-style-type: none"> ▪ Applies to Basic Care, Special Care & Prosthetics 	None	\$25 per person; \$75 per family	\$50 per person; \$150 per family per calendar year
Preventive and Diagnostic Care			
<ul style="list-style-type: none"> ▪ Teeth cleaning, exams, dental x-rays and fluoride treatments 	100% coverage	100% coverage	100% coverage
<ul style="list-style-type: none"> ▪ Sealants 	100% coverage	100% coverage	100% coverage
Basic Care			
Basic Care I			
<ul style="list-style-type: none"> ▪ Fillings (amalgam and anterior composite) 	100% coverage	80% coverage	50% coverage
<ul style="list-style-type: none"> ▪ Posterior composite (white) fillings 	80% coverage	50% coverage	50% coverage
<ul style="list-style-type: none"> ▪ Simple extractions 	75% coverage	50% coverage	50% coverage
<ul style="list-style-type: none"> ▪ Non-surgical periodontics 	75% coverage	50% coverage	50% coverage
<ul style="list-style-type: none"> ▪ Endodontics (root canal therapy) 	75% coverage	50% coverage	50% coverage
Basic Care II			
<ul style="list-style-type: none"> ▪ Surgical periodontics 	75% coverage	50% coverage	50% coverage
<ul style="list-style-type: none"> ▪ Complex oral surgery 	75% coverage	50% coverage	50% coverage
Special Care			
<ul style="list-style-type: none"> ▪ Restorative crowns & onlays 	50% coverage	50% coverage	50% coverage
Prosthetics			
<ul style="list-style-type: none"> ▪ Bridges, dentures & partial dentures 	50% coverage	50% coverage	50% coverage
<ul style="list-style-type: none"> ▪ Dental implants 	50% coverage	50% coverage	50% coverage
Orthodontic Services			
<ul style="list-style-type: none"> ▪ Orthodontic care for all ages 	50% coverage up to \$1,000 Lifetime maximum	50% coverage up to \$1,000 Lifetime maximum	No Coverage

Emergency Care

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

Enhanced coverage for our Little Partners: Network services for children 12 years old and under will be covered at 100% without deductible, annual maximum, or frequency limitations. Excluded services: Orthodontics, dental implants, and services that are not covered for all members.

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

- 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.
- Out-of-network dental services related to the replacement of any missing teeth prior to the member's effective date are not covered.

Other Limitations: *Applies to Benefit Level 2 and Out-of-Network*

- 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.
- Non-surgical and surgical periodontics limited to once in two years.
- Out-of-Network dental services related to the replacement of teeth missing prior to the member's effective date are not covered.

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 is to improve the health of our members, our patients and the community.