



UPlan HealthPartners Dental Choice

The University of Minnesota
2009

The following summarizes your HealthPartners coverage. For exact terms and conditions, consult a Group Membership Contract or Summary Plan Description, or call Member Services at (952) 883-5000 or 1-800-883-2177.

HealthPartners Network

When care is provided by or arranged and authorized by your HealthPartners network dentist

Out-of-Network

When care is provided by an out-of-network dentist

	HealthPartners Network	Out-of-Network
Annual Maximum		
	\$1,500 per calendar year	\$1,500 per calendar year
	Combined across in and out-of-network	
Deductible		
■ Applies to Basic Care, Special Care, & Prosthetics	None	\$125 per person; \$375 per family per calendar year
Preventive and Diagnostic Care		
Teeth cleaning, exams, dental x-rays, fluoride treatments and sealants	100% coverage	50% coverage
Basic Care		
Basic Care I		
■ All fillings	80% coverage	50% coverage
■ Simple extractions	80% coverage	50% coverage
■ Non-surgical periodontics	80% coverage	50% coverage
■ Endodontics (root canal therapy)	80% coverage	50% coverage
Basic Care II		
■ Surgical periodontics	80% coverage	50% coverage
■ Complex oral surgery	80% coverage	50% coverage
Special Care		
■ Restorative crowns & onlays	80% coverage	50% coverage
Prosthetics		
■ Bridges, dentures & partial dentures	50% coverage	No coverage
■ Dental implants	50% coverage up to \$500 maximum per year	No coverage
Orthodontic Services		
■ Orthodontic care for dependents under age 19	80% coverage up to \$2,800 Lifetime maximum	50% coverage up to \$2,800 Lifetime maximum

Emergency Care

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

In this plan, members choose a dental clinic from the network, where they will receive their care. Members may change clinics monthly, and family members may choose different dental clinics. Members receive higher benefits for care received by their selected network provider, but may also choose to receive care from any licensed dentist.

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, per lifetime for permanent molars.
- 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.
- When posterior teeth (bicuspid and molars) are restored with resin based composite materials (white filling), benefits will be calculated using the charge which is appropriate for an equivalent amalgam restoration (silver filling).
- Replacement of fixed or removable prosthetic appliances limited to once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.
- For non-network coverage, dental services related to the replacement of any teeth missing prior to the members effective date are not covered.
- Non-surgical and surgical periodontics limited to once in two years.

Read your Group Membership Contract or Summary Plan Description and Appendix carefully to determine which expenses are covered.



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