



2010 HealthPartners[®] Freedom Plan (Cost) Comprehensive Dental Benefit

This is a list of benefits of the optional dental benefit available with HealthPartners[®] Freedom Plan (Cost) II or III. For additional details, please consult your Evidence of Coverage.

Covered dental services are limited to those summarized below when care is provided by a network dentist. For a list of dentists, go to healthpartners.com/medicare or return the enclosed card to request a medical directory.

Benefit	Coverage
Monthly Premium	\$36.70
Preventive and Diagnostic Care - Routine examinations and cleanings - Other preventive services	100% Coverage 100% Coverage
Sealants - Pit and fissure sealants	100% Coverage
Regular and Restorative Care - Fillings - Oral surgery - Periodontics (gum treatment) - Endodontics (root canal therapy)	50% Coverage 50% Coverage 50% Coverage 50% Coverage
Special Restorative Care - Restorative crowns - Onlays	50% Coverage 50% Coverage
Prosthetics - Bridges - Dentures - Partial Dentures	50% Coverage 50% Coverage 50% Coverage
Plan Annual Deductible	\$50 per member per calendar year for regular and restorative care, special restorative care and prosthetics.
Plan Annual Maximum	\$1,100 per calendar year. \$200 may be applied to out-of-network services or dentists.
Waiting Periods	If you had previous coverage under this plan, you may receive a benefit waiting period on all services except for preventive and diagnostic care. Waiting periods will be waived for those who are brand new to this plan.

IMPORTANT NOTE: You can only change plan options between November 15 and December 31 each year. If you discontinue this dental coverage, you may be subject to waiting periods on some services if you rejoin. For more details, see your Evidence of Coverage.