



2010 UPlan HealthPartners Dental Plans

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.

Dental Plan Highlights	UPlan HealthPartners Dental Choice		Uplan HealthPartners Dental
<small>Partial listing of covered services</small>	In-Network	Out-of-Network	In-Network
Annual Maximum and Deductible			
Annual maximum	\$1,500 per calendar year combined in and out-of-network		\$1,500 per calendar year
Annual deductible	None	\$125.00 Individual; \$375.00 Family	None
Preventive and Diagnostic Care			
Teeth cleaning, exams, dental x-rays & fluoride treatments	100% coverage	50% coverage	100% coverage
Sealants - coverage limited to dependents up to age 19	80% coverage	50% coverage	80% coverage
Basic Care			
Fillings (front teeth)	80% coverage composite fillings	50% coverage composite fillings	80% coverage - composite fillings
Fillings (back teeth)	80% coverage composite fillings	50% coverage composite fillings	80% coverage - silver fillings
Simple extractions	80% coverage	50% coverage	80% coverage
Non-surgical periodontics	80% coverage	50% coverage	80% coverage
Endodontics (root canal therapy)	80% coverage	50% coverage	80% coverage
Surgical periodontics	80% coverage	50% coverage	80% coverage
Complex oral surgery	80% coverage	50% coverage	80% coverage
Special Care			
Restorative crowns & onlays	80% coverage	50% coverage	80% coverage
Prosthetics			
Bridges, dentures & partial dentures	50% coverage	No coverage	50% coverage
Dental implants	50% coverage	No coverage	50% coverage
Orthodontics - Coverage limited to dependents up to age 19			
Orthodontics - \$2,800 lifetime maximum	80% coverage	50% coverage	80% coverage