

HealthPartners personal dental plans

For individuals and families who buy their own dental insurance



Here to be your dental partner

Your overall health matters most. To support that goal, we build dental plans with benefits that help ensure you get the care you need. We're committed to lowering costs. And we're here to help you understand your plan and answer your questions. Partnership - it means we're in this together.

Getting started

The more you know about your dental plan, the easier it is to make good decisions for your health and wallet. Here are some tips.

Understand your costs

You'll likely see these terms during enrollment and throughout the year. Knowing how these costs work with your plan will help you avoid unexpected charges.

- **Premium** – how much you pay for your plan.
- **Deductible** – the amount you're responsible to pay for care before your plan helps cover costs, not including your premium.
- **Coinsurance** – a percent of the bill you pay. Your plan covers the rest.
- **Annual maximum** – the total amount your plan will pay for the year. You'll be in charge of paying all costs after that.

Use your online account

With an online account, you can get up-to-date personal dental plan information in one simple place.

- See claims and how much you could owe.
- Search for dentists in your network.
- Check your deductible or annual maximum spending.
- View your member ID card.
- Manage your health on the go with the myHP mobile app.

What to do next

Call us with questions at **952-883-5599** or **877-838-4949**.

Sign in or create an account at healthpartners.com.

We can help you make a choice you feel good about.

Choosing your plan

Your healthy smile is important because it's part of your total health.

Next steps

Use this worksheet to build a dental plan that fits your needs.

As you browse the networks, plans and rates in this brochure simply check the boxes below. Then you can apply online at healthpartners.com/personaldental.

My dental plan

Network (page 6)

- HealthPartners Dental Group network (HPDG)
- HealthPartners Open Access network

Plan (page 7-8)

- Maintenance plan
- Major plan
- Comprehensive plan

We're here for you!

If you have any questions, call **952-883-5599** or **877-838-4949**.

Choosing your network

Your first step to finding the right dental plan is to pick a network. Residents of Minnesota may choose between two networks: HealthPartners Dental Group network or the Open Access network. Wisconsin residents get our Open Access network.

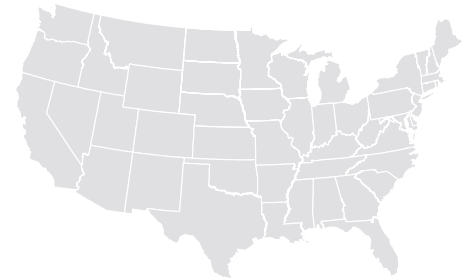
HealthPartners Dental Group (HPDG) network

With HPDG, you'll get top-notch care and a narrow network with nearly 100 dentists and specialists at clinics in the Twin Cities. Go to healthpartners.com/dentalHPDG to find a dentist.



HealthPartners Open Access network

Whether you're in Minnesota, Western Wisconsin or just about anywhere coast-to-coast, you have options to find a dentist right for you. There are more than 2,900 PPO providers throughout Minnesota and border communities and more than 80,000 providers combined across the nation. Go to healthpartners.com/personaldental to find a dentist.



Finding care

Log in to your account at healthpartners.com 24/7 to find a dentist in your network. Or call Member Services during business hours.

Summary of Benefits

Choose a plan to fit your needs. You have three options: Maintenance, Major and Comprehensive.

IMPORTANT: Please read your Membership Contract and Appendix carefully to determine which expenses are covered.

	Maintenance Plan		Major Plan		Comprehensive Plan	
	In-network provider	Out-of-network provider	In-network provider	Out-of-network provider	In-network provider	Out-of-network provider
Annual Maximum (Applies to all services below, including diagnostic and preventive care.) Per person per calendar year Combined across in and out-of-network	\$1,250	\$750	\$1,250	\$750	\$1,250	\$750
Implant Maximum (included in Annual Maximum) Per person per calendar year	No coverage	No coverage	\$500	\$500	\$500	\$500
Deductible Applies to basic care, special care & prosthetics per person per calendar year Combined across in and out-of-network	\$50	\$75	\$50	\$75	\$50	\$75
Diagnostic & Preventive						
Teeth cleaning, exams, dental X-rays & fluoride treatments	100%	80%	No coverage	No coverage	100%	80%
Sealants			100%	80%		
Basic Care I						
Fillings (other than posterior composite)	80%	50%	80%	50%	80%	50%
Posterior composite (white fillings on molars)	50%		50%		50%	
Simple extractions		80%	80%			
Endodontics (i.e., root canal therapy)	No coverage	No coverage	50%		50%	
Non surgical periodontics			50%		50%	
Basic Care II 6 Month Waiting Period (waived with proof of prior coverage)						
Major oral surgery	No coverage	No coverage	50%	50%	50%	50%
Surgical periodontics						
Special Care 12 Month Waiting Period (waived with proof of prior coverage)						
Crowns, crown repairs & onlays	No coverage	No coverage	50%	25%	50%	25%
Prosthetics 12 Month Waiting Period (waived with proof of prior coverage)						
Bridges, dentures & partial dentures						
Bridge & denture repair	No coverage	No coverage	50%	25%	50%	25%
Dental implants						

Benefit details

	Maintenance Plan	Major Plan	Comprehensive Plan
	You have pretty healthy teeth. You only expect to need regular checkups and have occasional cavities.	You think you might need a bit more care, like root canals and crowns. You already have coverage for preventive care on a different plan.	You think you're somewhere in between needing regular checkups and root canals. This is the perfect middle.
Two dental exams each calendar year.	X		X
Two dental cleanings (prophylaxis or periodontal maintenance) each calendar year.	X		X
Sealants every three years for permanent molars. Available for members of all ages.	X	X	X
Professionally applied topical fluoride once each calendar year for members under age 19.	X		X
Bitewing X-rays once each calendar year.	X		X
Full mouth or panoramic X-rays covered once every three years.	X		X
One-time oral hygiene instruction.	X		X
Space maintainers for the replacement of prematurely lost primary teeth for dependent members under age 19.	X		X
Non-surgical and surgical periodontics covered once every two years.		X	X
Replacement of crowns and fixed or removable prosthetic appliances covered once every five years.		X	X
		Certain limitations apply to repair, rebase and relining of dentures.	
		No coverage for treatment(s) that began prior to the member's effective date or completed after the termination of coverage.	
		Coverage for preventive and diagnostic care is not included in this plan.	

Monthly plan rates

Review the monthly, per person rates and sign up online at healthpartners.com/personaldental. Or you can call our dedicated sales team at **952-883-5599** or **877-838-4949**, or your broker.

Maintenance Plan		Major Plan		Comprehensive Plan	
HealthPartners Dental Group		HealthPartners Dental Group		HealthPartners Dental Group	
Under age 50	\$28.21	Under age 50	\$21.43	Under age 50	\$38.46
Age 50 and over	\$33.81	Age 50 and over	\$25.74	Age 50 and over	\$46.17
Dependent Rates		Dependent Rates		Dependent Rates	
1 Child	\$26.80	1 Child	\$20.36	1 Child	\$36.56
2 Children	\$53.62	2 Children	\$40.74	2 Children	\$73.12
3 or More Children	\$80.43	3 or More Children	\$61.11	3 or More Children	\$109.68
Open Access		Open Access		Open Access	
Under age 50	\$34.51	Under age 50	\$28.38	Under age 50	\$47.16
Age 50 and over	\$40.05	Age 50 and over	\$34.08	Age 50 and over	\$56.60
Dependent Rates		Dependent Rates		Dependent Rates	
1 Child	\$32.79	1 Child	\$26.96	1 Child	\$44.80
2 Children	\$65.60	2 Children	\$53.92	2 Children	\$89.60
3 or More Children	\$98.40	3 or More Children	\$80.88	3 or More Children	\$134.43

Eligibility Rules

- Contract holder must be a Minnesota or Wisconsin resident.
- Dependent children must meet eligibility rules.
- Family members only added at open enrollment or qualifying "life events."
- Individuals canceling coverage must wait two years to re-enroll.
- Retro-cancellation is not permitted.
- Must show proof of medical coverage. If medical coverage is terminated, dental coverage may be terminated by HealthPartners.
- Waiting periods may be waived for enrollees with proof of prior qualifying comparable coverage within 90 days of coverage; however, if you intend to keep that dental coverage this plan will be secondary and all waiting periods will apply.

Questions or ready to enroll?

Visit healthpartners.com/personaldental.

Call Individual Sales at **952-883-5599** or toll free **877-838-4949**. Or contact your agent or broker.



8170 33rd Ave. S
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*Rates are effective January 1, 2021 through December 31, 2021.

Plans are underwritten and/or administered by HealthPartners family of health plans which includes, HealthPartners, Inc., HealthPartners Insurance Company and HealthPartners Administrators, Inc. Fully insured Wisconsin plans are underwritten by HealthPartners Insurance Company. 20-879918-879931 (8/20) © 2020 HealthPartners