





## HealthPartners Personal Dental Plans

Affordable personal dental coverage



# HealthPartners Personal Dental Plans

	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
<b>Annual Maximum</b>						
Per person per calendar year Combined across in and out-of-network	\$1,250	\$750	\$1,250	\$750	\$1,250	\$750
<b>Implant Maximum (included in Annual Maximum)</b>						
Per person per calendar year	No coverage	No coverage	\$500	\$500	\$500	\$500
<b>Deductible</b>						
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
<b>Preventive and Diagnostic Care</b>						
Teeth cleaning, exams, dental x-rays & fluoride treatments	100%	80%	No coverage	No coverage	100%	80%
<b>Sealants</b>						
Pit and fissure sealants	100%	80%	100%	80%	100%	80%
<b>Basic Care I</b>						
Fillings (other than posterior composite)	80%	50%	80%	50%	80%	50%
Posterior composite (white fillings on molars)	50%	50%	50%	50%	50%	50%
Simple extractions	No coverage	No coverage	80%	50%	80%	50%
Endodontics (i.e., root canal therapy)	No coverage	No coverage	50%	50%	50%	50%
Non surgical periodontics	No coverage	No coverage	50%	50%	50%	50%
<b>Basic Care II (6 month waiting period)*</b>						
Major oral surgery	No coverage	No coverage	50%	50%	50%	50%
Surgical periodontics	No coverage	No coverage	50%	50%	50%	50%
<b>Special Care (12 month waiting period)*</b>						
Crowns, crown repairs & onlays	No coverage	No coverage	50%	25%	50%	25%
<b>Prosthetics (12 month waiting period)*</b>						
Bridges, dentures & partial dentures	No coverage	No coverage	50%	25%	50%	25%
Bridge & denture repair	No coverage	No coverage	50%	25%	50%	25%
Dental implants	No coverage	No coverage	50%	25%	50%	25%
<b>Emergency Care</b>						
Refer to your Member Contract for coverage of emergency dental services.						

\* Waiting periods may be waived for enrollees with proof of qualifying comparable coverage within 90 days of coverage.

# Benefit Details

## Maintenance Plan

- One-time oral hygiene instruction.
- Coverage for space maintainers for the replacement of prematurely lost primary teeth for dependent members under age 19.
- Coverage for two dental exams each calendar year.
- Coverage for two dental cleanings (prophylaxis or periodontal maintenance) each calendar year.
- Coverage for sealants every three years for permanent molars. Available for members of all ages.
- Coverage for professionally applied topical fluoride once each calendar year for members under age 19.
- Coverage for bitewing x-rays once each calendar year.
- Full mouth or panoramic x-rays covered once every three years.

## Major Plan

- No coverage for treatment(s) that began prior to the member's effective date or completed after the termination of coverage.
- Coverage for sealants every three years for permanent molars. Available for members of all ages.
- Non-surgical and surgical periodontics covered once every two years.
- Replacement of crowns and fixed or removable prosthetic appliances covered once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.

## Comprehensive Plan

- No coverage for treatment(s) that began prior to the member's effective date or completed after the termination of coverage.
- One-time oral hygiene instruction.
- Coverage for space maintainers for the replacement of prematurely lost primary teeth for dependent members under age 19.
- Coverage for two dental exams each calendar year.
- Coverage for two dental cleanings (prophylaxis or periodontal maintenance) each calendar year.
- Coverage for sealants every three years for permanent molars. Available to members of all ages.
- Coverage for professionally applied topical fluoride once each calendar year for members under age 19.
- Coverage for bitewing x-rays once each calendar year.
- Full mouth or panoramic x-rays covered once every three years.
- Non-surgical and surgical periodontics covered once every two years.
- Replacement of crowns and fixed or removable prosthetic appliances covered once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.

Important:

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