

Personal Dental Plans Eligibility Rules

- Contract holder must be a Minnesota 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 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.

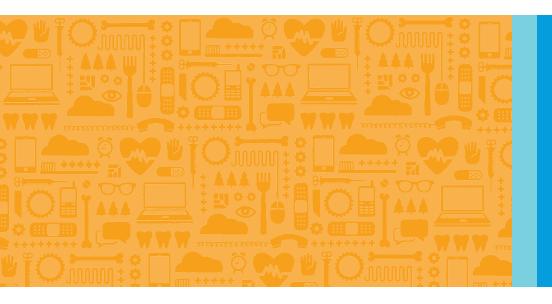
Questions

If you have any questions about these Personal Dental plans, network dentists and dental specialists or coverage, please call our friendly sales representatives at: 952-883-5599 or 1-877-838-4949, Monday - Friday, 8 a.m. to 6 p.m.



8170 33rd Ave S Bloomington MN, 55425





Summary of Benefits

HealthPartners Personal Dental Plans

Affordable personal dental coverage



HealthPartners Personal Dental Plans

Comprehensive Plan Maintenance Plan Major Plan Out-of-Network **In-Network** In-Network Out-of-Network **Out-of-Network In-Network** Provider **Provider Provider Provider Provider Provider Annual Maximum** Per person per calendar year \$1,250 \$750 \$1,250 \$750 \$1,250 \$750 Combined across in and out-of-network **Implant Maximum** (included in Annual Maximum) No coverage Per person per calendar year No coverage \$500 \$500 \$500 \$500 **Deductible** Applies to basic care, special care & prosthetics per person \$50 \$75 \$50 \$75 \$50 \$75 per calendar year Combined across in and out-of-network **Preventive and Diagnostic Care** Teeth cleaning, exams, dental 100% 80% 80% No coverage No coverage 100% x-rays & fluoride treatments **Sealants** Pit and fissure sealants 100% 80% 100% 80% 100% 80% **Basic Care I Fillings** 80% 50% 80% 50% 80% 50% (other than posterior composite) Posterior composite 50% 50% 50% 50% 50% 50% (white fillings on molars) Simple extractions 80% 50% 80% 50% No coverage No coverage **Endodontics** 50% 50% 50% 50% No coverage No coverage (i.e., root canal therapy) 50% 50% 50% 50% Non surgical periodontics No coverage No coverage **Basic Care II** (6 month waiting period)* Major oral surgery No coverage No coverage 50% 50% 50% 50% Surgical periodontics 50% 50% 50% 50% No coverage No coverage **Special Care** (12 month waiting period)* Crowns, crown repairs & onlays No coverage No coverage 50% 25% 50% 25% **Prosthetics** (12 month waiting period)* Bridges, dentures & No coverage No coverage 50% 25% 50% 25% partial dentures Bridge & denture repair 25% No coverage No coverage 50% 25% 50% **Dental implants** No coverage No coverage 50% 25% 50% 25% **Emergency Care** 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.