




2020 Dental Plan Summary

PLAN HIGHLIGHTS			
Partial listing of covered services	In-Network (HealthPartners and Cigna Network)	Out-of-Network*	
Annual maximum	Annual maximums are combined for in and out-of-network care		
Annual Maximum	\$1,000		
Deductible	Deductibles are combined for in and out-of-network care		
Deductible does not apply to Preventive/Diagnostic Care or Orthodontics	\$75 individual \$150 family		
Preventive and Diagnostic Care			
Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing, deductible does not apply	You pay nothing, deductible does not apply*	
Sealants	You pay nothing, deductible does not apply	You pay nothing, deductible does not apply*	
Basic Care I			
Fillings (amalgam and anterior composite)	You pay 20%	You pay 20%*	
Posterior composite (white) fillings	You pay 50%	You pay 50%*	
Simple extractions	You pay 20%	You pay 20%*	
Non-surgical periodontics	You pay 20%	You pay 20%*	
Endodontics (root canal therapy)	You pay 20%	You pay 20%*	
Basic Care II			
Surgical periodontics	You pay 20%	You pay 20%*	
Complex oral surgery	You pay 20%	You pay 20%*	
Special Care			
Restorative crowns & onlays	You pay 50%	You pay 50%*	
Prosthetics			
Bridges, dentures & partial dentures	You pay 50%	You pay 50%*	
Dental implants	You pay 50%	You pay 50%*	
Orthodontics (no deductible)			
For all ages	You pay 50%	You pay 50%*	
Lifetime maximum (combined for in and out-of-network)	\$1,250	\$1,250*	
Emergency Care			
Refer to the Group Dental Member Contract for coverage of emergency dental services.			
Diabetes and Pregnancy			
Additional periodontal services (exams, cleanings, scaling and root planing, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network. Deductibles, annual maximums, and frequency limitations will be waived on these specific services for members referred into the program by a HealthPartners network dentist.			

**If your out-of-network dentist charges more than the maximum allowable amount, you may be responsible for the difference. Listing of in-network providers available online using the HealthPartners link at BellinBenefits.org.*




BENEFIT LIMITATIONS

- Coverage for dental cleanings (prophylaxis) limited to twice each calendar year.
- Coverage for periodontal maintenance limited to four times each calendar year.
- Sealants limited to one application per tooth once every three years.
- Coverage for professionally applied topical fluoride limited to once each calendar year, for members under age 19.
- Coverage for bitewing x-rays limited to once each calendar year.
- Full mouth or panoramic x-rays limited to once every three years.
- Oral hygiene instruction limited to once per enrollee per lifetime.
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19.
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years.
- Dental implant procedures limited to once every five years.
- Non-surgical and surgical periodontics limited to once in two years.

More information about the plan is available online. HealthPartners Link available at BellinBenefits.org, or contact Member Services at 952-883-7000 or 866-443-9352 (7am – 7pm, Mon-Fri).

2020 DENTAL PLAN PREMIUMS

2020 Total Monthly Cost				
Single		\$ 39.98		
Employee + 1		\$ 91.53		
Family		\$113.58		
Employee Premiums	Preventive Dental Service Completed in 2019* (HR notified by HealthPartners or proof provided by employee/spouse)		No Preventive Dental Service Completed in 2019 (HR not notified by HealthPartners, or no proof of preventive service provided by employee/spouse)	
	Regular Full-time	Regular Part-time	Regular Full-time	Regular Part-time
	Monthly (per pay period)	Monthly (per pay period)	Monthly (per pay period)	Monthly (per pay period)
 Single Employee + Family	\$10.00 (\$ 4.62/pp)	\$15.99 (\$ 7.38/pp)	\$17.99 (\$ 8.30/pp)	\$23.99 (\$11.07/pp)
	\$22.88 (\$10.56/pp)	\$36.61 (\$16.90/pp)	\$41.19 (\$19.01/pp)	\$54.92 (\$25.35/pp)
	\$28.40 (\$13.11/pp)	\$45.43 (\$20.97/pp)	\$51.11 (\$23.59/pp)	\$68.15 (\$31.45/pp)

(Full-time = .8 – 1.0 FTE, Regular Part-time = .5 - .7 FTE)

*Both employee and spouse (if enrolled) must qualify for the same premium level – see information below.

Additional Plan Information:

Coverage is effective the first of the month following date of employment or change in status from an ineligible to eligible classification. Coverage ceases on the last day worked or last day worked in an eligible classification. To make changes to coverage due to a qualifying event during the calendar year, employees should notify Human Resource Management within 30 days of date of the qualifying event.

*Employees/spouses that completed at least one (1) preventive exam and cleaning during the previous 12 months or within the first 90 days after date of eligibility will pay a lower premium for the calendar year. Employees/spouses may submit proof of Preventive Dental Services (exam and cleaning) done within previous 12 months or within first 90 days after date of eligibility and they will be moved to the lower dental premium for the current calendar year. See Preventive Dental Services Form for more information at BellinBenefits.org. Employees/Spouses enrolled on the dental plan for the current year do not need to submit proof of preventive dental cleaning for Annual Open Enrollment. Annually, Plan Administrator will track preventive services completed by employee/spouse enrolled on the plan and this information will be used to determine premium level for the next plan year.

This constitutes only a summary of the Dental plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied by Bellin Health or vendors of plan provisions or level payments.

Link to HealthPartners website and additional plan information is available at BellinBenefits.org. Questions may be directed to Human Resources at HumanResourceInsurance@bellin.org or (920) 445-7240.

